



Continuing Education Registration Form

Name: _____
Last First Middle
SSN or Student ID: _____ Address: _____
City: _____ State: _____ Zip: _____
County of Residence: _____ Date of Birth: _____ Sex: Male Female
Phone (C): _____ (H): _____ (W): _____

Course #	Section #	Course Title	Course Dates/Time	Fee

Employment:

Full-Time Part-Time (_____ hours per week) Retired Unemployed

Employer (*For Customized Training Classes*): _____

Demographic Information:

Race (Select one or more): White Black or African American American Indian or Alaska Native
 Hispanic or Latino Asian Native Hawaiian or Other Pacific Islander
 Unknown

Education: Non-Graduate (Highest grade completed) _____ GED High School Graduate
 Adult High School Diploma 1-year Vocational Diploma Associate Degree
 Bachelor's Degree Master's Degree or Higher

Law Enforcement/ Fire/ EMS: *required for the registration fee exemption:*

Department: _____ Paid Volunteer

Job Title: _____

Email: _____

Student Signature: _____ **Date:** _____