



Continuing Education HRD 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:** _____

HRD Class Registration and Fee Waiver Verification
 Tuition and Fee Waiver – Verification Statement

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in courses coded in the Master Course List and Human Resources Development if the individual meets one of the four criteria listed below. To receive this waiver, an individual must verify that he or she meets at least one of the criteria by completing and signing this form. Individuals not completing or signing this form must pay the applicable fee to register for a Continuing Education course.

I qualify for a tuition and fee waiver under the following criteria: (Please circle one)

1. I am Currently Unemployed	4. I am working and earn wages at or below 200 percent of the federal poverty guidelines.
2. I have received notification of pending layoff Date of Pending Layoff: _____	Please indicate the number of dependents living in your Household _____
3. I am working and eligible for the Federal Earned Income Tax Credit.	

Hourly Wage _____ Hours Per Week _____ Employment Start/End Date _____