



# CONTINUING EDUCATION REGISTRATION FORM

<b>Student ID#</b>	<b>Term</b> (mark one with an "x"): <input type="radio"/> FALL <input type="radio"/> SPRING <input type="radio"/> SUMMER	
<b>LAST Name</b>	<b>FIRST Name</b>	<b>MIDDLE Name</b>

**Street Address**

<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
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<b>Home#</b>	<b>Cell#</b>	<b>Work#</b>
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**Email address:**

<b>SS#</b>	<b>Date of Birth</b>	<b>Gender:</b> (circle one) M-Male      F-Female
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**Ethnicity** (circle the number)    **1-White**      **2-Black/African American**      **3-American Indian/Alaskan Native**  
**4-Hispanic/Latino**      **5-Asian**      **6-Native Hawaiian/Pacific**

**Education level** (mark one with an "x"):    **HS diploma/GED**     **Some College**     **Associate's degree**  
 **Bachelor's degree**       **Master's degree or higher**

**Employment Status** (circle the abbreviation)    **FT-Full-time**    **PT-Part-time**    **UN-Unemployed**    **R-Retired**

COURSE NUMBER	COURSE TITLE	START DATE	FEE

**Submit registration form by email, mail or in person.**

<p><b>Method of Payment</b> (mark one with an "x"):</p> <p><input type="radio"/> Cash</p> <p><input type="radio"/> Check/Money order</p> <p><input type="radio"/> VISA/MASTERCARD</p> <p><input type="radio"/> WIOA</p> <p><input type="radio"/> OTHER (specify): _____</p> <p><b>Registration is incomplete until all fees are paid in full.</b></p>	<p><b>Email:</b> Workforcedevelopment@cv.edu</p> <p><b>By Mail/In-person:</b> Deliver the completed registration form with payment to:</p> <p style="text-align: center;">Chattahoochee Valley Community College  Workforce and Technical Education  Owen Hall Room 101  2602 College Drive  Phenix City, Al 36869</p>
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<b>SIGNATURE</b>	<b>DATE</b>
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**Continuing Education registration questions? Call 334-214-4867**