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|--|--|--|--|--|---|-------------|--|
| <b>FULL NAME:</b>  |  |  | <b>SOCIAL SECURITY NUMBER/COA ID:</b>  |  |   |             |  |
| <b>MAILING ADDRESS:</b>  |  |  | <b>EMAIL ADDRESS:</b>  |  |   |             |  |
| <b>CITY:</b>   |  | <b>STATE:</b>  | <b>ZIP CODE:</b>   |  | <b>TELEPHONE:</b>   |             |  |
| <b>BIRTH DATE:</b>   |  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE                     | <input type="checkbox"/> HISPANIC/LATINO (HIS)<br><input type="checkbox"/> NON HISPANIC/LATINO (NHS) |  | HOME _____<br>CELL _____<br>WORK _____  |             |  |
| <input type="checkbox"/> AMERICAN/ALASKA NATIVE<br><input type="checkbox"/> BLACK/AFRICAN AMERICAN   |  | <input type="checkbox"/> ASIAN<br><input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER | <input type="checkbox"/> WHITE   |  | <b>EMPLOYMENT STATUS:</b>   |             |  |
| <b>HIGHEST EDUCATION LEVEL</b><br>____NON GRADUATE – ENTER HIGHEST GRADE COMPLETED 0-11  |  |  |  |  | <input type="checkbox"/> FULL TIME<br><input type="checkbox"/> PART TIME<br><input type="checkbox"/> UNEMPLOYED - SEEKING<br><input type="checkbox"/> UNEMPLOYED - NOT SEEKING<br><input type="checkbox"/> RETIRED  |             |  |
| <input type="checkbox"/> 12 HIGH SCHOOL GRADUATE   |  | <input type="checkbox"/> 15 ASSOCIATE DEGREE   |  |  |   |             |  |
| <input type="checkbox"/> -- GED  |  | <input type="checkbox"/> 16 BACHELOR'S DEGREE  |  |  |   |             |  |
| <input type="checkbox"/> 13 ADULT HIGH SCHOOL DIPLOMA  |  | <input type="checkbox"/> 17 MASTER'S DEGREE +  |  |  |   |             |  |
| <input type="checkbox"/> 14 ONE-YEAR VOCATIONAL DIPLOMA  |  |  |  |  |   |             |  |
| <b>TUITION FEE WAIVED:</b> <input type="checkbox"/> LAW <input type="checkbox"/> EMT <input type="checkbox"/> FIRE <input type="checkbox"/> CORRECTION UNIT <input type="checkbox"/> HRD<br><input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER   |  |  |  |  |   |             |  |
| <b>INDICATE DEPT AND JOB TITLE (REQUIRED):</b> _____   |  |  |  |  |   |             |  |
| <b>HRD TUITION AND FEE WAIVER – VERIFICATION STATEMENT</b><br>The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List/Combined Course Library as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he/she meets at least one of the criteria by completing and signing this form.<br><br>I qualify for a tuition and fee waiver under the following criteria:<br><input type="checkbox"/> I am currently unemployed.<br><input type="checkbox"/> I have received notification of a pending layoff.<br><input type="checkbox"/> I am working and eligible for the Federal Earned Income Tax Credit.<br><input type="checkbox"/> I am working and earn wages at or below 200% of the federal poverty guidelines. |  |  |  |  | <b>REFUND POLICY</b><br>If you withdraw BEFORE the class begins, or if the class is cancelled, you will receive a 100% refund. The refund will be 75% if you withdraw before the 10% point, which is usually the first class. Registration fees are NON-REFUNDABLE after the 10% point. No refunds will be given for classes designated Community Service Education, due to their SELF-SUPPORTING STATUS. |             |  |
| <b>IMPORTANT INFORMATION</b><br>1 – Any adult 18 years of age or older who is not enrolled in high school may be admitted to a Continuing Education course. High school students 16 and 17 years of age may enroll in certain courses with the approval of a parent/guardian and appropriate school officials.<br>2 – Students must attend at least 80% of the class hours to receive CEU's and/or certificates.<br>3 – Some courses, which are identified at the beginning of the class, require a minimum grade of 70 on the final exam in addition to 80% of class attendance.<br>4 – Unofficial transcripts will be forwarded only upon request of the student.  |  |  |  |  |   |             |  |
| <b>STUDENT SIGNATURE</b>   |  |  |  |  |   | <b>DATE</b> |  |

| FOR OFFICE USE ONLY |       |         |        |      |      |            |           |
|---------------------|-------|---------|--------|------|------|------------|-----------|
| COURSE              | SYN # | DATE(S) | DAY(S) | TIME | COST | INSTRUCTOR | BLDG/RM # |
|                     |       |         |        |      |      |            |           |

**PAYMENT/WAIVER RECEIVED – COA WORKFORCE DEVELOPMENT REP SIGNATURE:** \_\_\_\_\_

CHECK      AMOUNT \_\_\_\_\_      BANK NAME \_\_\_\_\_      CHECK NUMBER \_\_\_\_\_

CREDIT CARD      AMOUNT \_\_\_\_\_       VISA       MASTERCARD      LAST FOUR DIGITS \_\_\_\_\_

CASH      AMOUNT \_\_\_\_\_       SPONSOR/SPONSORSHIP (ATTACH PAPERWORK) \_\_\_\_\_

Dare County Campus  
132 Russell Twiford Rd  
Manteo, NC 27954  
P 252-473-2264  
F 252-473-5497

Elizabeth City Campus  
P.O. Box 2327  
Elizabeth City, NC 27906  
P 252-335-0821  
F 252-337-6710

Edenton-Chowan Campus  
800 North Oakum St.  
Edenton, NC 27932  
P 252-482-7900  
F 252-482-7999

Regional Aviation & Technical Training Center  
107 College Way  
Barco, NC 27917  
P 252-453-3035  
F 252-453-3215