Brunswick Community College
Continuing Education Registration

COURSE TITLE	SOCIAL SECURITY NUMBER	CONTRACT #

LAST	FIRST	MIDDLE

MAILING ADDRESS

CITY	STATE	ZIP	COUNTY OF RESIDENCE

BUSINESS PHONE	HOME PHONE	E-MAIL ADDRESS

DATE OF BIRTH (Month/Day/Year)	Are you currently enrolled in other classes? ☐ Yes ☐ No

RACE

☐ White ☐ Hispanic ☐ Black ☐ Asian ☐ Native American ☐ Other

TUITION REFUND POLICY

Refunds are allowed under the following circumstances

- A student who officially withdraws, in writing, from an occupational extension class prior to the first class meeting or if a class is cancelled shall be eligible for a 100% refund.
- After class begins, 75% shall be refunded at the request of the student if the student officially withdraws, in writing, from the class prior to or at the 10% point of the scheduled hours of the class. Note: This rule is applicable regardless of the number of times the class meets or the number of hours the class is scheduled to meet.
- For contact hour classes, students must withdraw, in writing, within 10 calendar days.
- Appropriate local refund policies will be established for self-supporting classes.
- If a student, having paid the required registration fee for a semester, dies during that semester (prior to or on the last day of examinations of the course the student was attending), all registration fees for that semester will be refunded to the estate of the deceased.

EDUCATIONAL LEVEL

_____ Non Graduate – enter highest Grade Completed (0-11)

☐ High School Graduate

☐ GED Diploma

☐ Adult High School Diploma

☐ Vocational Diploma

☐ Associate Degree

☐ Bachelor's Degree

☐ Master's Degree or Higher

EMPLOYMENT STATUS

Employed

☐ 1-10 hours

☐ 21-39

☐ 11-20

☐ 40 or more

Unemployed

☐ Seeking

☐ Not Seeking

☐ Retired

STUDENT SIGNATURE: **DATE:**

FOR FIRE, RESCUE, OR POLICE CLASSES ONLY*:*

Please state the name of your squad or department. _____

(For Fire classes ONLY) I authorize the release of my academic transcripts to the NC Fire/Rescue Commission.

Department: **Signature:** **Date:**

PHOTOGRAPHY & QUOTE RELEASE

I hereby authorize Brunswick Community College to use my image and/or quotes for any use the College deems appropriate in the promotion and marketing of BCC. I fully discharge BCC from any and all claims, monetary or otherwise, arising out of the use of my image or quote. (Applicants under the age of 18 must have a parent or guardian sign for them)

Signature: **Date:**