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|---|--|-----------------------------------|--|---|--------------|
| COURSE TITLE: | | | CONTRACT #: | | |
| SSN | | LAST | | FIRST | |
| MAILING ADDRESS | | | CITY | | STATE |
| HOME PHONE: | | MOBILE: | | COUNTY: | |
| E-MAIL ADDRESS: | | | | DATE OF BIRTH: | |
| GENDER: | | <input type="checkbox"/> Female | | <input type="checkbox"/> Male | |
| RACE | | | | | |
| White <input type="checkbox"/> | | Black <input type="checkbox"/> | | Hispanic <input type="checkbox"/> | |
| | | Asian <input type="checkbox"/> | | Native American <input type="checkbox"/> | |
| EDUCATIONAL LEVEL | | | EMPLOYMENT STATUS | | |
| _____ Non Graduate Enter highest Grade Completed (0-11) <input type="checkbox"/> High School Graduate Name of HS _____ Year _____ <input type="checkbox"/> GED Diploma <input type="checkbox"/> Adult High School Diploma <input type="checkbox"/> Vocational Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher | | | Employed <input type="checkbox"/> 1-10 hours <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-39 <input type="checkbox"/> 40 or more Unemployed <input type="checkbox"/> Seeking <input type="checkbox"/> Not Seeking <input type="checkbox"/> Retired | | |
| TUITION REFUND POLICY | | | | | |
| Refunds are allowed under the following circumstances | | | | | |
| <ul style="list-style-type: none"> • 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. | | | | | |
| STUDENT SIGNATURE | | | | | DATE: |
| FOR FIRE, RESCUE, OR POLICE CLASSES ONLY: | | | | | |
| Squad/Dept.: _____ Position: _____ | | | | | |
| (For Fire classes ONLY) I authorize the release of my academic transcripts to the NC Fire/Rescue Commission. | | | | | |
| Dept.: _____ Signature: _____ DATE: _____ | | | | | |
| PHOTOGRAPHY & QUOTE RELEASE: | | | | | |
| <input type="checkbox"/> 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) | | | | | |

HOW DID YOU HEAR ABOUT THIS CLASS?

CHOICES Magazine

BCC Website

Newspaper

Other: _____