



NONCREDIT / CONTINUING EDUCATION REGISTRATION FORM

Social Security # _____ Quarter _____

Name: Last _____ First _____ MI _____

Address _____ City _____ State _____ ZIP _____

Phone: Home _____ Work _____

Employer _____ E-mail _____

Table with 6 columns: Course ID, Section ID, Course Name, Location & County, Begin Date, End Date

Student's Signature _____ Date _____

By signing this registration form, I am giving permission to Southern State Community College to release my grades for this course to my employer.

Third Party Payment: _____: Name of Third Party: _____ WIA? _____

Or

Student Payment: _____: Cash _____ Check _____ Credit _____

Card # _____ Name on Card _____ Expiration date _____

The following information is requested for state and federal reporting purposes only. Southern State Community College provides equal opportunity regardless of gender, race, ethnicity, disability, age, military status, or sexual orientation. (Providing this information is strictly voluntary. SSCC will keep all information gathered from this inquiry strictly confidential. Failure to respond to this inquiry will not subject the applicant to any adverse action.)

Age

- 18-25, 26-34, 35-50, 51+

Gender

- Male, Female

Ethnicity

- American Indian or Alaskan Native (AI), Asian or Pacific Islander (AS), Black, Non-Hispanic (BL)Male, Hispanic (HS), Nonresident Alien (NR), White, Non-Hispanic (WH)

Date of Birth (MM/DD/YYYY)

_____/_____/_____

County of Residence

How did you learn about this school? Check one please:

TV/Radio [] SSCC Truck [] Internet [] SSCC Catalog [] Brochure [] WIA []

Newspaper Ad [] (which paper) _____

Other [] (please specify) _____