



**WORKFORCE CONTINUING EDUCATION
REGISTRATION**
9101 Fayetteville Road, Raleigh, North Carolina 27603-5696 919-866-5800

Course: _____
Section Number Title

Instructor: _____ **Location:** _____ **Date:** _____
Begin End

***Social Security # or College ID#:** _____ **(*Optional and used for reporting purposes only)**

Name: _____
Last First Middle

Address: _____
Street, P.O. Box, Route City State Zip Code

County of Residence: _____ **Date of Birth:** _____
Month Day Year

E-mail Address: _____ **Home Phone:** _____

Please Check: **Sex:** ☐ 1. Female ☐ 2. Male
Ethnicity: ☐ 1. Hispanic/Latino ☐ 2. Non Hispanic/Latino **Race:** ☐ 1. American/Alaska Native ☐ 2. Asian ☐ 3. Black or African American ☐ 4. Hawaiian or Pacific Islander ☐ 5. White

Check the **highest education level** that best describes you:
☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 **Military Status:**
☐ 11 (Highest Grade Completed – Non-high School Graduate) ☐ 14 Post High School Vocational Diploma ☐ Active
☐ 12 (High School Graduate) ☐ 15 Associate Degree ☐ Reserve
-- GED ☐ 16 Bachelor's Degree ☐ Discharged
☐ 13 Adult High School Diploma ☐ 17 Master's Degree or Higher ☐ Retired

Employment: ☐ Full-Time (FT) ☐ Part-Time (PT) ☐ Retired (R)
☐ Unemployed – Not Seeking (UN) ☐ Unemployed – Seeking (US) ☐ Inmate

Employer: _____ **Business Phone:** _____

Employer's Address: _____

Student Signature: _____ **Date:** _____

Payment: **Fees:** \$ _____ \$ _____
Registration Total Amount

**No confirmation will be sent.
You will be notified only if the class is full or cancelled.**

Total Payment: \$ _____ **Check one:** ☐ *Check ☐ *Money Order

***Make check or money order payable to: Wake Technical Community College**

**For your financial security, credit card information is not accepted via mail-in registration.
To register and pay online, go to workforce.waketech.edu**

Disability Support Services (DSS) is available for students who require disability accommodations.
To determine eligibility, contact DSS at 919-866-5670 (TTY 779-0668).

FOR OFFICIAL USE ONLY

Fees: \$ _____ \$ _____
Registration Total Amount

☐ Class is Full ☐ Class was Canceled

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