



# RCCC

Rowan-Cabarrus Community College

CONTRACT #: 1501103			DATATEL #: 69635		
Legal Name (PRINT) Last		First		Middle Initial	
Mailing Address			City		State
County		Home Phone		Cell Phone	
				Work Phone & Ext	
Date of Birth		Gender <input type="checkbox"/> M <input type="checkbox"/> F		Educational Level: Choose Highest Grade Completed:	
Ethnic Background: <input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> First grade <input type="checkbox"/> Second grade <input type="checkbox"/> Third grade <input type="checkbox"/> Fourth grade <input type="checkbox"/> Fifth grade <input type="checkbox"/> Sixth grade <input type="checkbox"/> Seventh grade <input type="checkbox"/> Eighth grade <input type="checkbox"/> Ninth grade		<input type="checkbox"/> Tenth grade <input type="checkbox"/> Eleventh grade <input type="checkbox"/> Graduated from high school <input type="checkbox"/> GED Diploma <input type="checkbox"/> Adult HS Diploma <input type="checkbox"/> One Year Vocational Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher	
Race (check ALL that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American/Alaska Native				Employment Status: <input type="checkbox"/> E1 Employed 1 – 10 hours <input type="checkbox"/> E2 Employed 11-20 Hours <input type="checkbox"/> E3 Employed 21-39 Hours <input type="checkbox"/> E4 Employed 40 or more <input type="checkbox"/> Unemployed-Not Seeking <input type="checkbox"/> Unemployed-Seeking <input type="checkbox"/> Retired	
<div>EMS/FIRE/Law Enforcement Dept. use only Department:</div>					
Student email address:					
I certify that I am 18 years of age or older and not enrolled in public schools. I authorize class information be released to appropriate certifying agency and/or Dept. Officer.			I certify that I am 18 years of age or younger, enrolled in public school, and have provided a dual enrollment form from my high school.		
Signature _____			Signature _____		
Date _____			Date _____		
DATATEL ID 69635		COURSE CODE/SECTION ELC 3016 A		COURSE TITLE: NEC UPDATE	
Days Friday		Time: 8:00-5:00pm		Start Date 08/28/15	
				End Date 08/28/15	
Instructor Albert Russell		To register by mail, complete, attach payment and mail to: Rowan Cabarrus Community College Con-Ed Registration, North Campus PO Box 1595 Salisbury, NC 28145-1595 To register by email, complete form and email to <a href="mailto:coned@rccc.edu">coned@rccc.edu</a> Credit card information is not to be submitted via mail or email. Once you are registered, you will be contacted to provide credit card information directly to the RCCC Business Office.			
Location Room DESCO					
<b>FOR OFFICE ONLY</b>					
Payment amount \$ 70.00 to be paid by: <input type="checkbox"/> check /check # _____ <input type="checkbox"/> cash <input type="checkbox"/> billing/sponsorship <input type="checkbox"/> credit card Credit card information will not be taken by registrars. Once you are registered, you will be directed to the RCCC Business Office to complete your transaction.			Waiver? <input type="checkbox"/> CESEN <input type="checkbox"/> CENS <input type="checkbox"/> C EHRD <input type="checkbox"/> CEPL <input type="checkbox"/> CEPFR <input type="checkbox"/> CEPVFR <input type="checkbox"/> CEPRS <input type="checkbox"/> CEVRS <input type="checkbox"/> College Employee (CEOTH) <input type="checkbox"/> CECOR		
Signature _____ Date fee to Bus. Office: Employer Name if paid by Employer:			CONTRACT #:  Data entry by: Data entry date		