



# Workforce Development Registration Form

800 College Court  
New Bern, NC 28562  
305 Cunningham Blvd.  
Havelock, NC 28532  
252-638-7248  
www.cravencc.edu/wfd

Complete all information and print clearly. Student data on this form is **CONFIDENTIAL**.

Course: \_\_\_\_\_  
Course Title \_\_\_\_\_ Course ID - Section# - Class# \_\_\_\_\_ Start Date \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Colleague ID: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

County of Residence: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Home: \_\_\_\_\_ MM/DD/YYYY Minors need release

Phone: Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

- Please check:**
- Sex:** Female Male
- Ethnicity:** Hispanic/Latino Non-Hispanic/Latino
- Race:** American/Alaska Native Asian Black or African American Hawaiian or Pacific Islander White
- Employment Status:** Full time Part-time Retired Unemployed-Not Seeking Unemployed-Seeking
- Military/Veteran Status:** Active Veteran/Retired Reserve **Branch:** Army Air Force Marines Navy Coast Guard
- Highest Education Level:** Completed Grade: 1 2 3 4 5 6 7 8 9 10 11 12/(HS Graduate)  
GED Adult HS Diploma 1-yr Vocational Diploma Associate Bachelor's Master's or Higher

## Public Safety Fee Waiver Confirmation

*Required for Fire/EMS/DPS/Law Enforcement*

My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated.

Agency/Dept.: \_\_\_\_\_

- Job:  LE Officer  Detention Officer
- Firefighter-Volunteer Agency
- Firefighter-County/State/Municipal Agency
- EMS Responder-Volunteer Agency
- EMS Responder-County/State/Municipal Agency
- Emergency Management Personnel
- On NC Military Installation: \_Fire \_EMS \_EOP
- Other - provide specific job classification: \_\_\_\_\_

## Authorization to Release Information

*Required for Fire/EMS/DPS/LE; may apply to others*

My signature below authorizes the College to release information regarding my enrollment to (check all that apply):

- affiliated agency/department listed above
- oversight agency (e.g., OSFM, DPS, OSHA, NCCER)
- my employer: \_\_\_\_\_

## Registration Fee Refunds

If a class is canceled due to insufficient enrollment, a student automatically receives a 100% refund.

A student who officially withdraws from an occupational extension class prior to the first class meeting is eligible for a 100% refund.

A student who officially withdraws from an occupational extension class after the start date and prior to or on the 10% point is eligible for a 75% refund.

Additional provisions of the refund policy, including those regarding self-support classes and student fees are available upon request.

For Office Use		
_____	_____	201 ce
RGN by (initials)	Date	Year & Term
Registration Fee	or <input type="checkbox"/> Flat rate	\$ _____
Other Fee Type: _____		\$ _____
Other Fee Type: _____		\$ _____
	Total	\$ _____
Waiver/Bill to: _____		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_