

DURHAM TECH

Center for the Global Learner Registration Form

Complete the form below and email or fax it to:
 Email: cgl@durhamtech.edu Fax: 919-536-7277

- Payment or payment authorization must be received before the first class.
- The refund policy can be found at durhamtech.edu/continuing-education/cancellations-and-refunds

Last name: _____ **First name:** _____ **MI:** _____
Address: _____ **City:** _____ **State:** _____ **Zip:** _____
County: _____ Please check if this is a new address or change in information.
Home: () _____ **Business:** () _____ **Ext.:** _____ **Cell:** () _____
Colleague ID #: _____ (assigned by college if new student) **Date of birth:** _____
Email address: _____ **Country of Birth:** _____

Highest education level completed
 (Check one)
 Non-graduate (highest grade completed) _____
 GED
 High school diploma
 Adult high school
 Vocational diploma
 Associate's degree
 Bachelor's degree
 Master's degree or higher

Gender
 Female Male

Race
 (Check all that apply)
 American/Alaska native
 Asian
 Black/African-American
 Hawaiian/Pacific Islander
 Hispanic/Latino
 Non-Hispanic/Non-Latino
 White

Native Language: _____

Registration fee exemption
 Durham Tech employee
 Other _____

Employment status
 Full time (40 or more hours/week)
 Part time (39 or fewer hours/week)
 Retired
 Unemployed (not seeking)
 Unemployed (seeking)

Course Number	Course Title	Location	M	T	W	Th	F	Sa	Su	Start Time	End Time	Start Date	End Date	Cost

College employee signature

Date