DURHAM TECH

CONTINUING EDUCATION REGISTRATION FORM

registration@durhamtech.edu
Fax: 919-536-7268

- **Payment or payment authorization is required at time of registration and must be received before the first class.**
- **Instructions for online payment for Continuing Education registration, to: durhamtech.edu/ce-payment**
- **Receipts or confirmations will not be sent for payments that are faxed, mailed, or emailed.**
- **For the refund policy, go to: durhamtech.edu/policies-and-procedures/course-cancellation-refunds**
- **For complete course listings, go to: durhamtech.edu/continuing-education**

Last name: _____ **First name:** _____ **MI:** _____

Former Name(s): _____ **Date of birth (MM/DD/YY):** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

County: _____ ☐ Please check if this is a new address or change in information.

Home Phone: _____ **Business:** _____ **Ext:** _____ **Cell:** _____

Student ID #: _____ (assigned by college if new student) **Country of birth:** _____

Student Email Address: _____ **Native Language:** _____

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

Gender
- ☐ Female ☐ Male

Ethnicity
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Non-Latino

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

Registration fee exemption
- ☐ Durham Tech employee
- ☐ Other _____

Employment status
- ☐ Employed 1-10 hours
- ☐ Employed 11-20 hours
- ☐ Employed 21-39 hours
- ☐ Employed 40 or more hours
- ☐ 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

Student Signature _____ **Date** _____

College Employee Signature _____ **Date** _____

Revised 3/5/2025