

- 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:** _____
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:** _____
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

College Employee Signature _____ **Date** _____