

CONTINUING EDUCATION REGISTRATION FORM

SIE Exam Preparation Course

Email the completed form to Danielle McMillan at mcmilland@durhamtech.edu. No payment is required.

You will be sent an email confirming your registration in the course.

College Employee Signature

Last name: Former Name(s):				First name:									MI:			
						Da	te o	f birt								
Address:			City:									State: Zip:				
County:						□ F	Pleas	e ch	eck i	f this is a	new addı	ress or ch	ange in in	formation		
Home Phone:			Business: Ext								t: Cell:					
Student ID #	t:		(as	signe	ed by	colle	ege i	f new	/ stu	dent)	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 Ethnicity Hispanic/Lat Non-Hispan Race (Check all that American/Al Asian Black/Africa Hawaiian/Pa					ly) a na meri	_atin tive can		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	М	Т	W	Th	F	Sa	Su	Start Time	End Time	Start Date	End Date	Cost		

Date ____