Division of Continuing Education
5337 US Hwy 264 East Washington, NC 27889
beaufortccc.edu
STUDENT REGISTRATION FORM

Any individual 16 years old or older may register for a Continuing Education course. Students under the age of 16 may take Defensive Driving courses at any time throughout the year. Students under the age of 16 are not allowed to register for other continuing education courses, with the exception of personal enrichment courses offered during the summer term (May 16-Aug. 14).

Please Print

Legal Last Name:_____ **Legal First:**_____ **Middle:**_____

Street Address:_____ **City:**_____ **State:** NC **Zip:**_____

County of Residence:_____ **Home Number:**_____

Work Number:_____ **Cell/Mobile Number:**_____ **Birth Date:** _____

Social Security Number: _____ (used for reporting purposes only)

Ethnicity: Are you Hispanic or Latino? ☐ Yes, Hispanic/Latino ☐ No, Non Hispanic/Latino

Hispanic/Latino: Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture, regardless of race.

Sex: ☐ Female ☐ Male

Race: For individuals who are Non-Hispanic/Latino: Select one or more of the following race categories:

☐ American Indian/Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Hawaiian/Pacific Islander

Employment: ☐ R Retired ☐ UN Unemployed (not seeking) ☐ US Unemployed (seeking)
☐ E1 Part-time, 1–10 hrs ☐ E3 Part-time, 21-39 hrs
☐ E2 Part-time, 11-20 hrs ☐ E4 Full-time, 40/more hrs

Education Level: ☐ High School Graduate or Highest grade completed: _____
☐ AHS Diploma ☐ Associate ☐ Bachelors
☐ One-Year Vocational ☐ High School Equiv. Diploma ☐ Masters or Higher

Check All That Apply: ☐ HRD Student
☐ Elementary/Secondary School Employee
☐ Volunteer Fire, Volunteer Rescue _____(agency)
☐ DOC/Division of Adult Corrections _____(agency)
☐ Paid Law Enforcement, Paid Fire/EMS _____(agency)
Provider Level: ☐ EMR ☐ EMT ☐ AEMT ☐ Paramedic

Email Address: _____

Student Signature:_____ **Date:** _____

Course Section #	Course Title	Date & Time	Fee

(This block for office use only)

☐ By Phone ☐ In Person ☐ By Mail Registration Taken By:_____ Date _____
Registration Entered By: _____ Date _____

Accessibility Services: BCCC is committed to ensuring equal access in all campus programs, activities and events to qualified individuals with disabilities. To request a reasonable accommodation, contact the Coordinator of Accessibility Services at (252) 940-6252 in Room 925 of Building 9. An advance notice of 72 hours may be required for some accommodations.

Family Educational Rights & Privacy Act (FERPA): The FERPA (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program
of the U.S. Department of Education. For more information, please visit this link: http://www.beaufortccc.edu/about/family-educational-rights-and-privacy-act.

Refund Policy: A student who officially withdraws from class(es) prior to the first class meeting will be eligible for a 100% refund. Also, a student is eligible for a 100% refund if an applicable class is cancelled due to insufficient enrollment.

After the respective class begins, a 75% refund shall be made upon the written request of the student if the student officially withdraws from the class prior to or on the 10% point of the scheduled hours of the class. Only class fees can be refunded in this circumstance. BCCC local fees are non-refundable. Registration fees for self-supporting classes are non-refundable once the class begins. Where a student, having paid the required registration fee for a semester, passes away during that semester (prior to or on the last day of examinations of the college the student was attending), all registration fees for that semester may be refunded to the estate of the deceased.

To reach the Suicide and Crisis Lifeline, call 988 or text HOME to 74174. To reach the NC Peer Warmline, call 855-733-7762.