

STUDENT REGISTRATION FORM

TOTAL: \$_

3000 Wayne Memorial Drive | Goldsboro, North Carolina 27534 | 919-739-6900 | waynecc.edu

□ Exam/Cert. Fee: \$ ____ □ Meal Fee: \$ __

CID #:		TERM:				
					IE:	
Class Title:				Class Start Date: _		
Last Name:		_ First Name:	First Name:		Middle Name:	
Address:			County (Residence):			
City:		_ State:		Zip Code:		
Primary Phone: (.)	_ Phone Type:	☐ Home	□ Business	☐ Cell Phone	
Other Phone: () _		_ Phone Type:	☐ Home	□ Business	☐ Cell Phone	
Student ID or SSN: _		Birthdate (mm/dd/yyyy):				
Sex: (Check One)	Ethnic/Race: (Check	one)				
☐ Male	□ American/Alaska Native □ Asian			☐ Black or African American ☐ White		
☐ Female	☐ Hawaiian/Pacific Is	lander 🖵 🖹	Hispanic	☐ Asian/Pacific Isla	inder (NP)	
Employment Status:	(Check one)	ired 🖵 U	nemployed -	Seeking		
. ,		or more hours	□ 21-39 ho	•	☐ 1-10 hours	
Occupation:						
Education Level: (Ch	eck or enter the highest of	arade completed)				
☐ Never Attended			٦٠		eted High School	
☐ Adult High School □	•	rade Completed: □ Completed High School High School Equivalency Diploma □ One-Year Vocational Degree				
☐ Associate Degree ☐ Bachelor						
A330clate Degree	Dacrier			- Iviaste		
Human Resou	rces Development (HRI	D) Courses ONLY	' - HRD Verit	fication Statement - Tu	ition and Fee Waiver	
Resources Development		ne of the four criteria I	isted below. To	receive this waiver, an individu		
•	nd fee waiver under the fo	llowing criteria:				
☐ Currently uner	☐ Working and	☐ Working and eligible for the Federal Earned Income Tax Credit.				
☐ Received notif	☐ Working and	☐ Working and earn wages at or below 200% of the federal poverty guidelines.				
My signature verifies th accurate to the best of		y me as written on th	nis HRD Tuitior	and Fee Waiver Verification	n information is complete and	
	ENT ACCIDENT INSURAN Student Accident Insurance			Workforce Continuing Edu	cation Course you may	
☐ Yes – I would like to p	urchase Supplemental Stud	lent Accident Insura	nce.			
•	to purchase Supplemental					
	- NOTE: S My signature indicates that all	EE BACK OF FOI information is accurate			d Policy.	
Student Signature: _				Date:		
		FOR OFFICI	E USE ONLY			
RCTP #:	Payment Processed By:	Date:		Sent to Business Office I	By: Date:	
Payment Type: Check #	• MO #	Cas	sh			
☐ Course Fee: \$	Technology Fee: \$	Student ID F	ee: \$	Parking Fee: \$	Insurance Fee: \$	

□ Other Fee: _

REFUND POLICY FOR WORKFORCE CONTINUING EDUCATION SERVICES COURSES

The refund policy for Workforce Continuing Education Services courses, as established by the N.C. General Assembly, allows a 75 percent refund, after the respective class begins, upon the request of the student if the student officially withdraws from the class prior to or on the 10 percent point of the scheduled hours of the class.

A 100 percent refund shall be made if the student officially withdraws prior to the first day of class of the academic semester or term as noted in the college calendar. Also, a student is eligible for a 100 percent refund if the class in which the student is officially registered is cancelled due to the insufficient enrollment.

There are no refunds for self-supporting classes. Under this policy, the college shall notify the student of the right to receive a refund at the time of official withdrawal.

For more information about our graduation rates, the median debt of students who completed the program, and other important information, please visit our Web site at, http://www.waynecc.edu/gainful-employment/.

Wayne Community College is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, 404-679-4500, http://www.sacscoc.org, for questions about the accreditation of Wayne Community College.

The Commission on Colleges may be contacted only if there is evidence that Wayne Community College is significantly non-compliant with a requirement or standard. Accreditation standards are located at: http://www.sacscoc.org/principles.asp

The purpose for publishing the Commission's access and contact numbers is to enable interested constituents (1) to learn about the accreditation status of the institution, (2) to file a third-party comment at the time of the institution's decennial review, or (3) to file a complaint against the institution for alleged non-compliance with a standard or requirement.

Inquiries about Wayne Community College, such as admission requirements, financial aid, educational programs, etc. should be addressed directly to Wayne Community College and not the Commission's office.

The College's annual safety and security report is available online at www.waynecc.edu/campus-police-and-security/ or in the Office of Campus Police and Security.

Wayne Community College is an Equal Opportunity/Affirmative Action College and accommodates the needs of individuals with disabilities. It is the intent of the College that all programs and activities be accessible to all qualified students. It is the student's responsibility to make his or her disability known as soon as the need becomes known in order to provide ample time for arrangements to be made. The student must request academic adjustments by contacting the Disability Services Counselor in the Wayne Learning Center building, 919-739-6729.

Student Right-to-Know: Information regarding the persistence rate of enrolled students toward graduation and transfer-out-rate is available in the Office of Admissions and Records. Student rights under FERPA are available at http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html or in the Office of Admissions and Records and in the Office of Counseling Services.