



Workforce Training and Preparation Registration Form

Name: _____
Last First Middle

SSN or Student ID: _____ Address: _____
 City: _____ State: _____ Zip: _____
 County of Residence: _____ Phone (H): _____ (W): _____

Date of Birth: _____ Sex: Male Female

Race: White African American American Indian Hispanic Asian Other/Unknown

Course #	Section #	Course Title	Course Dates/Time	Fee

Employment:

Full-Time Part-Time (_____ hours per week) Retired Unemployed - Not seeking Unemployed – Seeking

Employer: _____

Highest Educational Level:

Non-Graduate (Highest grade completed) _____ GED High School Graduate Adult High School Diploma

1-year Vocational Diploma Associate Degree Bachelor's Degree Master's Degree or Higher

Law Enforcement/ Fire/ EMS: *required for the registration fee exemption:*

Department: _____ Paid or Volunteer: _____ Job Title: _____

HRD Class Registration and Fee Waiver Verification
 Tuition and Fee Waiver – Verification Statement

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in courses coded in the Master Course List and Human Resources Development if the individual meets one of the four criteria listed below. To receive this waiver, an individual must verify that he or she meets at least one of the criteria by completing and signing this form. Individuals not completing or signing this form must pay the applicable fee to register for a Continuing Education course.

I qualify for a tuition and fee waiver under the following criteria: (Please circle one)

1. I am Currently Unemployed	4. I am working and earn wages at or below 200 percent of the federal poverty guidelines.
2. I have received notification of pending layoff	Please indicate the number of dependents living in your Household _____
3. I am working and eligible for the Federal Earned Income Tax Credit.	

Hourly Wage _____ Hours Per Week _____ Employment Start/End Date _____

Email: _____

Student Signature: _____ **Date:** _____

Payment Information:

Cash Check Money Order Visa Master Card

Credit Card Number: _____

Card Holder's Name: _____

Card Holder's Billing Address: _____

Security Code: _____ Expiration Date: _____

Registration Fee: _____ Add'l Fee Amount: _____ Total Paid: _____

Card Holder Signature: _____