Creative Arts Student Registration



Student Information Shaded Areas Required

Last Name		Einst Name			MI	14-1	1 NT			
Last Name		(First Name)			M. I.	M. I. Maiden Name				
Mailing Address		City		State	Zip Co	de	County			
Primary Phone		Secondary Phone			Busines	Business Phone				
Date of Birth (MM/DD/YYYY)		Gender				<u>I</u>				
		☐ Male ☐ Female Student ID#								
Are you a full time NC resident?		High School Name			Employ	Employment Status				
Yes No No										
Ethnic Origin		Check the highest grade completed			Reti	Retired (R)				
Hispanic/Latino		1 2 3 3 4 5 6 7 8 9				☐ Unemployed – not seeking (UN)				
☐ Non-Hispanic		10□ 11□ 12□			☐ Une	Unemployed Seeking (US)				
					☐ Emp	Employed 1 – 10 Hours (E1)				
Select One or More Races:		High School Graduation Date				Employed 11 – 20 Hours (E2)				
American/Alaska Native		☐ GED			☐ Emp	Employed 21 – 39 Hours (E3)				
Asian		☐ Adult High School			☐ Emp	Employed 40 or more hours per week (E4)				
Black or African American		☐ 1-Year Vocational Diploma								
Hawaiian/Pacific Islander		☐ Associates Degree								
☐ White		☐ Bachelor's Degree								
Prefer not to disclose		☐ Master's Degree or Higher			E-mail	E-mail Address				
Course Information										
Course Number			Course Title			C	ost of Class	Fees		
Dates	Times (Spe	cify AM or PM)	Location D		Days (Che	ays (Check all that apply)				
			ı		M □ Tu	TuWThFSaSu				
				•						
SIGNATURE: By signing this form, student	agrage the in	formation above	is true and accur	DATE.		ocidor	ace given for t	uition nurnos	00	
is as shown. Student agrees t									28	
behavior can place student's p	participation i	in jeopardy and	will be viewed a	s ground	ls for dism	issal.	A complete g	guide to condu	ıct	
can be viewed here: http://wv										
photographs, video footage ar considered to be that of a two										
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Please turn the page o	ver to cor	nplete the re	egistration fo	rm						

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Supplemental Student Accident Insurance As a registered student of a Continuing Education Course you have the option of purchasing Supplemental Student Accident Insurance for \$1.25 per semester. TERM I Jan-1-May15 TERM II May 16-Aug 15 TERM III Aug 16-Dec. 31 Yes, I would like to purchase Supplemental Student Accident Insurance No, I would not like to purchase Student Accident Insurance

Name: _	
Date:	Amount Enclosed \$
☐ Chec	k □Money Order □Cash
☐ 3rd P	arty Billing (Authorization Required)

Please check all information before mailing. Course number must be accurate to ensure proper placement in class. Send check or money order made payable to Haywood Community College (no cash, please) to:

Creative Arts Mail-In Registration

Haywood Community College 185 Freedlander Drive Clyde, NC 28721 (828) 565-4152 Fax: 828-627-8396

E-mail: HCC-WCE@haywood.edu

For more information on HCC's Creative Arts Courses please visit our website at:

https://creativearts.haywood.edu/

Contact Us

Creative Arts Continuing Education Aubree Ross 828-565-4152 alross@haywood.edu Dean of Workforce and Industry Doug Burchfield 828-564-5128 ddburchfield@haywood.edu