



# STUDENT DATA FORM

Division of Continuing Education & Community Development  
 P.O. Drawer 7007 • Greenville, NC 27835  
 Phone (252) 493-7388 • Fax (252) 321-4626  
 www.pittcc.edu/continuing-education

**TO APPLY, YOU MUST BE 18 YEARS OF AGE OR OLDER.** If you are age 16, or have not yet reached age 18, then you must have a Release Form signed by your High School Principal or his/her designated representative in order to be eligible to enroll in Continuing Education courses. (This form may be obtained from our office.)

**NOTE: SHADED BLOCKS ARE FOR OFFICE USE ONLY.**

I certify that I am 18 years or older and not enrolled in public school, or, a public school release form is attached with all required signatures.

<b>Instructions:</b> Type or print in ink, respond to all questions completely, use your legal name, and return completed application to the PCC Representative.			<b>Colleague ID</b>		
Last Name Jr./Sr./III		First		Middle	
Address			City		State      Zip
County		County of Residence		State of Residence	
				US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Home Phone + Area Code		Work Phone + Area Code	
How did you hear about this course? Please check only one of the boxes below:					
<input type="checkbox"/> Advertisement <input type="checkbox"/> Corporate Contact <input type="checkbox"/> Personal Initiative <input type="checkbox"/> Recruitment Activities <input type="checkbox"/> Referral <input type="checkbox"/> Other _____					
Social Security Number		Date of Birth		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Name of High School attended or GED received from:					
Check one of the following graduation types : <input type="checkbox"/> Graduated High School <input type="checkbox"/> Did not graduate High School <input type="checkbox"/> GED Completion <input type="checkbox"/> Current High School/GED student <input type="checkbox"/> Adult High School Graduate					
Ethnic Background: (Check one)		1 <input type="checkbox"/> White           2 <input type="checkbox"/> Black           3 <input type="checkbox"/> Amer Indian/Alas           4 <input type="checkbox"/> Hispanic           5 <input type="checkbox"/> Asian/Pacific Island           6 <input type="checkbox"/> Other			
Student Type: <input type="checkbox"/> Non-applicable <input type="checkbox"/> Employee <input type="checkbox"/> Fire/Rescue/EMS/Law Enforcement <input type="checkbox"/> Senior Citizen <input type="checkbox"/> Dual Enrollment <input type="checkbox"/> Inmate					
Employer Name:			Address:		
Employment Status: Check One			Check Highest Educational Level Attained:		
<input checked="" type="checkbox"/> Retired <input type="checkbox"/> Unemployed-Not Seeking employment <input type="checkbox"/> Unemployed-Seeking employment <input type="checkbox"/> Employed 1-10 hours per week <input type="checkbox"/> Employed 11-20 hours per week <input type="checkbox"/> Employed 21-39 hours per week <input type="checkbox"/> Employed 40 or more hours per week			<input type="checkbox"/> 1 <sup>st</sup> grade <input type="checkbox"/> 7 <sup>th</sup> grade <input type="checkbox"/> GED <input type="checkbox"/> 2 <sup>nd</sup> grade <input type="checkbox"/> 8 <sup>th</sup> grade <input type="checkbox"/> Adult High School Diploma <input type="checkbox"/> 3 <sup>rd</sup> grade <input type="checkbox"/> 9 <sup>th</sup> grade <input type="checkbox"/> Post High School Vocational <input type="checkbox"/> 4 <sup>th</sup> grade <input type="checkbox"/> 10 <sup>th</sup> grade <input type="checkbox"/> Associate Degree <input type="checkbox"/> 5 <sup>th</sup> grade <input type="checkbox"/> 11 <sup>th</sup> grade <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> 6 <sup>th</sup> grade <input type="checkbox"/> 12 <sup>th</sup> grade <input type="checkbox"/> Master's Degree or Higher		
Email Address:					
Is your tuition being paid by an agency/organization? If yes, what organization _____ (Copy of authorization to pay must be on file or attached)					
Are you taking this course for certification? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>Please complete the following if it applies to you:</i> I hereby give permission to Pitt Community College and the NC Department of Community Colleges to release my grades to: <input type="checkbox"/> NC Department of Insurance Fire/Rescue Commission <input type="checkbox"/> NC Criminal Justice's Training & Standards Commission and/or NC Sheriff's Commission <input type="checkbox"/> Employer or <input type="checkbox"/> Potential Employer _____ <input type="checkbox"/> Other _____					
<b>BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.</b>					
_____ Signature			_____ Date		