



NON-CREDIT REGISTRATION FORM

Social Security Number or SPCC Student ID:

Last Name _____

First Name _____ MI _____

Address _____

City _____

State _____ Zip _____

County of Residence _____

Phone H _____ W _____

Cell _____

Date of Birth _____

Emergency Contact: _____

If course is Emergency Service: Name of Police, Fire or Rescue Dept. _____ Paid Volunteer

Have you enrolled in this class more than once? Yes No

How did you hear about the course? Newspaper Flyer Schedule
 On-line Other _____
(please specify)

In case of an emergency, please contact:

NAME _____ PHONE _____

STUDENT SIGNATURE *(required)* _____

Date _____

COURSE INFORMATION

Course No. _____ Section No. _____ Title _____

Instructor _____ Location _____ Contact Hours _____

Beginning Date _____ Ending Date _____ M T W Th F Sa Su Time _____

SOUTH PIEDMONT COMMUNITY COLLEGE COURSE RECEIPT

\$ _____ Registration Fee

\$ _____ ~~Books~~ \$ _____ Other \$ _____ *See Attachment*

\$ _____ Total Charges billed to Sponsoring Agency _____ Contract Training _____

\$ _____ Total Charges to Student

Amount Paid \$ _____ by: Student Other: _____

Cash _____ Check # _____ Credit Card: VISA MC AMEX Discover Approval Code _____

Comments: _____

If student is exempt from registration fee, state reason: Vol. Fire Paid Fire Vol. Rescue Paid Rescue Law Employee
 Inmate Senior (65+) HRD Correctional Officer Other _____

Received by: _____ Date _____
College Official's Signature