



Pitt Community College  
Continuing Education & Workforce Development  
**REGISTRATION FORM**

**Please Print:** \_\_\_\_\_  
Last Name
First Name
Middle Name
Former/Maiden Name

\_\_\_\_\_

Social Security Number
E-mail Address
Colleague ID Number

**CHANGE OF ADDRESS:**

\_\_\_\_\_

Address
City
State
Zip Code
County

\_\_\_\_\_

Home Phone Number
Work Phone Number

**Course ID:** \_\_\_\_\_ **Title of Course:** \_\_\_\_\_

**Begin Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**FOR STAFF USE ONLY**

**Class Type:**

Self-Supporting     Occupational Extension     CTP

**SELF-SUPPORTING REFUND POLICY**

There are **NO REFUNDS OR TRANSFERS** for Self-Supporting courses unless they are canceled by Pitt Community College. For canceled classes, refunds are automatically processed by the Cashier's Office.

**OCCUPATIONAL EXTENSION (OE) REFUND POLICY**

Refunds are automatically processed by the Cashier's Office for all classes canceled by Pitt Community College. Refunds for dropped classes must be requested in person by the 10% point for 75% tuition refund and before class starts for 100% refund.

*\* In general, the Family Educational Rights and Privacy Act of 1974 prohibits the access and release of student educational records without written consent. By signing this form, the student allows Pitt Community College to release academic records/transcripts, along with conduct records, to current and future employers.*

\_\_\_\_\_

*Student Signature* *Instructor Signature (if applicable)*



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