

CONTINUING EDUCATION HRD-NCRC

Registration and Fee Waiver Verification Form

Please note: This registration and fee waiver form is for HRD-NCRC Workplace Readiness.

Name _____
Last First Middle/Maiden

Address _____ City _____ State _____ Zip _____
County _____

Please check if this is a new address or change in information.

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Social Security Number _____ or Student ID Number: _____

Email _____ Date of Birth: _____ Gender: Male Female

Race: Check all that apply.

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Hispanic/Latino
- Not Hispanic/Latino

Highest Education Level Completed:

- Non-graduate (highest grade completed _____)
- High School Equivalency
- High School Diploma
- Associate Degree
- Bachelor's Degree
- Master's Degree or Higher

Employment Status: Please check one.

- Retired
- Unemployed-Not Seeking Employment
- Unemployed-Seeking Employment
- Employed 1-10 hours per week
- Employed 11-20 hours per week
- Employed 21-39 hours per week
- Employed 40 or more hours per week

REGISTRATION INFORMATION

Course Title: HRD-NCRC Workplace Readiness Lab Location: GCA 107

HRD TUITION AND FEE WAIVER VERIFICATION STATEMENT

The State Board of Community College grants permission to waive tuition and fees for enrollment in courses coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below.

To receive this waiver, an individual must verify that he or she meets at least one of the four criteria by completing and signing this form. **Individuals not completing and signing this form must pay the registration fee to register for a Continuing Education course.**

I qualify for a tuition and fee waiver under the following criteria.

- I am currently unemployed
- I have received notification of a pending layoff
- I am working and eligible for Federal Earned Income Tax Credit
- I am working and earn wages at or below two hundred percent (200%) of the federal poverty guidelines.

If you are currently working full or part-time, please complete the following:

Employer/Job Title	Start/End Date	Hourly Wages	Hours Per Week	Number of Dependents Living in Your Household
1)				
2)				

I hereby verify that all the information I have completed on this form is complete and accurate to the best of my knowledge.

_____ _____
Student Signature *Date*