

Continuing Education Course Registration Information

Course #	Section #	Course Title	Course Dates/Times	Course Fee

If exempt from course registration fee, please list agency affiliation: _____

If course registration fee is to be billed, list name of organization and attach letter of authorization: _____

I shall purchase accident insurance available through CCC&TI or waive the right to do so. Without insurance coverage, I assume responsibility for all medical costs incurred by me while I am a student at this institution.

Student Signature Required

_____ / /

Student Signature Required Date

For Fire, Rescue and EMS students only: By signing this sheet, I give permission to CCC&TI and the NC Dept. of Community Colleges to release my certification to the NC Fire and Rescue Commission of the NC Department of Insurance.

For Office Use Only

Cash _____

Check # _____

Credit Card _____

Money Order _____

_____ / /

College Official Signature Date