# GWINNETT TECHNICAL COLLEGE

## Continuing Education

5150 Sugarloaf Parkway Lawrenceville, GA 30043-5702
Phone – 770-995-9697, Fax – 770-995-7903
www.GwinnettTech.edu/CE

| Date | | | / | | | / | | | Time | | | : | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

How did you learn about Gwinnett Tech? _____

Registered by: _____Receipt #:C0_____

Student #_____or 900_____

**REFUND GUIDELINES**

- 100% refund if the course is cancelled by the college.
- 100% refund (less $15 processing fee) if registrant withdraws from a course up to 48 hours prior to the published start time of the class.
- 50% refund if participant withdraws within 48 hours of the published start time for a class session.
- No refund will be provided prior to the start of the second class session for courses with two or more scheduled sessions.
- "No-Shows" (i.e. students who fail to inform the college of their absence 48-hours prior to the start time of a class session) will be charged for the entire course. Stop payment on a check does not constitute formal withdrawal from a course. Initials:_____

### Student Information

| First Name | | | | | | | | | | | | MI | | Last Name | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Home Address** _____

City _____ State _____ Zip _____County _____

| **Day #** | | | | - | | | | - | | | | | **Home #** | | | | - | | | | - | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Cell #** | | | | - | | | | - | | | | | | | | | | | | | | | | | |
| **Email** | | | | | | | | | | | | | | | | | | | | | | | | | |

**yahoo.com hotmail.com gmail.com student.gwinnetttech.edu**

**Company Name (If Applicable)**_____

Address_____

City _____ State _____ Zip _____County _____

| **Business Phone** | | | | - | | | | - | | | | | **Fax** | | | | - | | | | - | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Date of Birth: _____** **Gender:** M ___ F ___

**Background Information OPTIONAL –**

**EDUCATION:** ☐High School=12 ☐GED ☐College Graduate=16 ☐Masters=17 ☐PhD=19

**RACE:** ☐American Indian/Alaskan=1 ☐Asian=2 ☐Hawaiian/Pacific Islander ☐Black/African American=3 ☐Hispanic ☐Caucasian=5

**ETHNICITY:** Hispanic or Latino? ☐Yes ☐No

***Note: If you have a documented disability and require special accommodations, please call 770-962-7580, ext. 6672.***

***Gwinnett Technical College does not discriminate on the basis of race, color, national or ethnic origin, gender, religion, disability, age, political affiliation or***

| Course Number | Course Title | Starting Date | Fee |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| *Note: Course fees must be paid at time of registration | | **Total Fees:** | |