

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			:		
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How did you learn about Gwinnett Tech? _____

Registration Taken by: _____

Receipt #: CO _____

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.

Student Information

First Name												MI						Last Name												
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Company Name (If Applicable) _____

Address _____

City _____ State _____ Zip _____ County _____

Business Phone				-				-				Fax				-			-				
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Home Address _____

City _____ State _____ Zip _____ County _____

Day #				-				-				Home #				-			-			
Cell #				-				-														
Email																						

Date of Birth: _____

Background Information OPTIONAL –

Race: _____ Hispanic or Latino: Yes ___ No ___ Gender: M ___ F ___

(1-American Indian, 2-Asia/Pacific Islander, 3-Black/African American, 4-Hispanic, 5-Caucasian, 7-Undeclared)

Number Years of Education: _____ (HS/GED=12, College Grad=16, Master's=17, Ph.D.=19)

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

SID #: _____ or 900 _____

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

Gwinnett Technical College does not discriminate on the basis of race, color, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status or citizenship status (Except as required or mandated by law).

PAYMENT METHOD: (Note: Cash or check refunds will take 4 to 6 weeks. Social Security # is required to process cash/check refunds.)

___ Cash or ___ Check # _____ (___ Personal ___ Company) NOTE: a \$30 fee charged for returned checks or stop payments

___ Company Billing PO # _____ (Copy of PO MUST be attached)

Billing Authorized By (please print): _____ Signature: _____

Credit Card #															Exp. Date			/		
Amex		MC		Visa		Disc		Name												

Signature _____

**Note: Your credit card will be charged at time of registration **