

**CORPORATE & WORKFORCE DEVELOPMENT** 

## **Course Registration Form**

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NAME:			DOB:	SSN:				
MAILING ADDRESS:			CITY:	STATE:				
ZIP:	COUNTY:		PHONE:	HONE:				
E-MAIL:								
	HISPANIC	RACE:		GENDER: MALE FEMALE				
DESIRED COURSE:		START DATE:		LOCATION:				

DECLARATION OF CITIZENSHIP: The South Carolina Illegal Immigration Reform Act (S.C. Code Ann. €59-101-430 (Westlaw 2008))

prohibits those unlawfully present in the United States from attending a public institution of higher education in South Carolina and from receiving a public higher education benefit. By signing this statement you attest that you are a US citizen, a legal permanent resident in the United States, or an alien lawfully present in the United States. In addition, the college may require you to submit documentation that supports your claim. Any student providing false information may be subject to dismissal from the college. Any student who is found to be unlawfully present in the United States states will be dismissed from the college.

PRINT NAME:		SIGNATURE:						
DATE:	DATE OF BIRTH:		DRIVER'S LICENSE #:					
DRIVER'S LICENSE ISSUE DATE:								
PAYMENT METHOD CASH CHECK CREDIT CARD SPONSORSHIP TYPE OF CREDIT CARD: VISA MASTER CARD AMERICAN EXPRESS DISCOVER								
CARD NUMBER:								
CARD EXPIRATION:		CARD ID (3 NUMBERS ON BACK):						
STUDENT SIGNATURE TO PROCESS CARD PAYMENT:								
IF SPONSORSHIP, NAME OF SPONSOR:								
COURSE INFORMATION (OFFICE USE ONLY)								

NUMBER:		TITLE:	
MEETING DATE(S):	CAMPUS:		PRICE: