



ELIZABETH CITY STATE UNIVERSITY

Continuing Education Program

Class Registration Form

Date _____

Last Name

First Name

M.I.

Street Address

City

State

Zip Code

Preferred Contact Phone #

Alternate Contact Phone #

Email Address

County Residence

Course Name	Location	Day(s)	Time	Comments

Location Key: KEW-Graduate Center WJG-Ed/Psych Bldg PCL-Pasquotank Library GRL-G.R. Little Library

Sex: Male Female

Race: (Optional)

American/Alaska Native

Hawaiian/Pacific Islander

Asian

White

Black or African American

Other

EDUCATIONAL INFORMATION

Highest educational level completed: check one

1 2 3 4 5 6 7 8 9 10 11 12

GED

Adult High School Diploma

College Vocational Diploma

Associate's Degree

Bachelor's Degree

Master's Degree or Higher

HOW DID YOU HEAR ABOUT THIS COURSE? Please check only one

Flyer

ECSU Website

University Mailing

Advertisement

Other _____

List other programs you would like to receive information on _____

Mail the completed registration form with full payment to:

ECSU Continuing Education Program, Campus Box 843, 1704 Weeksville Road, Elizabeth City, NC 27909