

Pitt Community College – Economic & Community Development Division  
Continuing Education Registration Form

\_\_\_\_\_  
Please Print: (Last Name) (First Name) (Middle Name) (Former/Maiden Name)

\_\_\_\_\_  
(Social Security Number) (E-mail address) \_\_\_\_\_  
(Colleague ID Number)

**CHANGE of ADDRESS:**

\_\_\_\_\_  
(Address) (City) (State) (Zip Code) (County)

\_\_\_\_\_  
(Home Phone Number) (Work Phone Number)

Course/Section: \_\_\_\_\_  
Title of Course: \_\_\_\_\_  
Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Student Signature** \_\_\_\_\_

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