Asheville-Buncombe Technical Community College
Continuing Education

A-B Tech Enka Site, 1459 Sand Hill Rd., Candler, NC, 28715
www.abtech.edu/ce | **Call** 828-254-1921, Ext. 5803 | **Fax** 828-281-9842

Students requesting a name change
must submit one of the following legal documents:

1. Social Security card
2. Copy of marriage license
3. Copy of divorce decree
4. Passport
5. Copy of court documents

Name: _____
Last First Middle/Maiden

Address: _____
Street/P.O. Box City State Zip County

Home Phone: _____ **Work Phone:** _____ **Ext.** _____ **Cell Phone:** _____

E-mail: _____ **Date of Birth:** _____ **65 years of age or older?** Yes No

Gender: ☐ M ☐ F **Ethnicity:** ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Race: ☐ Alaska Native ☐ Asian ☐ Black/African-American ☐ Hawaiian/Pacific Islander ☐ White

Employment: ☐ 1-10 Hrs/Wk (E1) ☐ 11-20 Hrs/Wk (E2) ☐ 21-39 Hrs/Wk(E3) ☐ 40 Hrs/Wk or more (E4)
☐ Retired (R) ☐ Unemployed/Not Seeking (UN) ☐ Unemployed/Seeking (US)

Highest Education Level: 1 2 3 4 5 6 7 8 9 10 11 12 GED Adult High School (13) Post HS/Vocational Diploma (14)
Associate Degree (15) Bachelor's Degree (16) Master's Degree or Higher (17)

Students must be at least 18 years of age. Consideration may be given to 16- and 17-year-olds. See Student Eligibility policy on previous page.

Course #	Course Title	Dates	Day(s)	Time	Location	Cost

Refund Policy: *As established by the NC State Board of Community Colleges, a refund shall be made under the following circumstances: 1) A student who officially withdraws prior to the first class meeting shall be eligible for a 100 percent refund; 2) A student is eligible for a 100 percent refund if an applicable class is canceled due to insufficient enrollment; 3) A 75 percent refund shall be made upon the request of the student if the student officially withdraws from the class prior to or on the 10 percent point of the scheduled hours of the class; 4) No refund will be made after the 10 percent point of the class; 5) The insurance fee is refundable only if a class is canceled or the student drops before the class begins. 6) There will be a minimum of three to four weeks to process refunds.*

Signature_____ **Date** _____

Sponsoring Organization Information
If tuition is being paid by an agency/organization authorization to bill on company letterhead/purchase order must be attached or remit payment by check.

Company Name: _____

Mailing Address:_____

_____

Payment Type: Check (payable to A-B Tech) Money Order Visa Mastercard American Express

Card #: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ **Expiration Date:** _____

Name on card: _____

Social Security #: ☐☐☐ - ☐☐ - ☐☐☐☐

A-B Tech collects the social security number for the purpose of reporting to state and federal agencies.