



**SPARK PROGRAM REGISTRATION FORM**  
*(must be completed each semester of enrollment)*

**Print in ink or type all information below:**

**CLASS INFORMATION:** For which class are enrolling? Maximum of 12 credit hours (total) – one course per semester

Course #: \_\_\_\_\_ Course Name: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

**PERSONAL:**

Name: \_\_\_\_\_  
 (Last) (First) (Middle/Maiden Name)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (Number and Street Address) (City) (State) (Zip)

GENDER	ETHNIC GROUP/RACE	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic of any race <hr/> For non-Hispanic only: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races

1. Are you a U.S. Citizen? \_\_\_\_Yes \_\_\_\_No Driver's License Number: \_\_\_\_\_

**(If no, you must present, a current Permanent Resident Card, or a current I-551 card from the Department of Immigration and Naturalization Services. Students who fall under the Deferred Action for Childhood Arrivals Program (DACA) are eligible for admission and must submit documentation of proof of a I-821D application form, Notice of Action (I-797), and an EAC card with Category 33 designation.**

2. Are you an employee of Atrium Health? \_\_\_\_Yes \_\_\_\_No Teammate ID \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

3. Have you ever been arrested, charged with or convicted of a criminal offense other than a minor traffic violation? Yes  No   
*If yes, are such criminal charges pending against you at this time? Please attach an explanation describing the circumstances and current status of such arrests, charges or convictions. Certain misdemeanors and/or felonies may make a graduate ineligible for professional certification/licensure.*

**When complete, please email a copy to**  
[Registrar@CabarrusCollege.edu](mailto:Registrar@CabarrusCollege.edu).

**REFUND POLICY**

1. Tuition is refunded/credited if the class is cancelled due to insufficient enrollment.
2. Tuition is not refunded, and becomes the responsibility of the registrant, if the registrant fails to complete the class.
3. Course substitutions prior to the first class meeting will be considered. Please call 704-403-3218 with questions.