

NON-CREDIT APPLICATION & REGISTRATION FORM



Personal Info

Name: _____
 Prefix First Middle (Full) Last Suffix

Social Security No. _____ Statistical Data: Race _____ Male Female

Date of Birth: _____ Home Phone: _____

Former Name: _____ Cellular Phone: _____
 First Middle (Full) Last

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Current Residence: _____ (Please provide name of County or City you reside in)

Have you lived in Virginia for the last twelve months? YES NO - if answer is no, please indicate which state _____

Employer: _____ Business Phone: _____

E-Mail Address: _____

Please provide emergency contact information:

Contact name: _____ Relationship: _____

Phone Number: _____

U.S. Citizenship Status: (Please Circle the appropriate answer)
 Native Naturalized (US Citizen after birth) Alien Temporary Alien Permanent.
 Note if student is Alien Temporary or Alien Permanent legal documentation is required before registration.

Primary Language ENGLISH OTHER (Please circle the appropriate answer)

U.S. Military Status: Active Duty Military Dependent Retired Discharged (Please circle the appropriate answer)

Have you ever registered with a Virginia Community College? _____ If so, provide your Student ID # _____

Signature: _____

Course

COURSE ID	DEPT/COURSE /SECTION	COURSE TITLE	START DATE	TUITION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Staff Use Only: Empl ID _____ Term Activated _____ Date _____

