

CATAWBA VALLEY COMMUNITY COLLEGE (Non-Credit)

Registration Form

Tobacco Free Campus effective August 1, 2009

Name: Last _____ First _____ Middle/Maiden _____

(Check address type)

Address: Home _____

Other mailing address

Employer or Agency

City _____ State _____ Zip _____ County of Residence _____

Home Phone _____ Work _____ Phone _____

Email Address _____

Student ID Number (if known) _____ SS Number (last four digits) _____

Date of Birth (required) _____ 65 Years or Older

Disclosure of your social security number is voluntary. However, certain state agencies may require social security numbers for verification.

Race

(1) White

(2) Black

(3) American Indian

(4) Hispanic

(5) Asian or Pacific Islander

(6) Other/Unknown/Multiple

Gender (F) Female (M) Male (O) Other

Check Employment Status

(E1) Employed 1 – 10 Hours

(R) Retired

(E2) Employed 11 – 20 Hour

(UN) Unemployed-Not Seeking Employment

(E3) Employed 20 – 39 Hours

(US) Unemployed-Seeking Employment

(E4) Employed 40 or More Hours

Circle Highest Grade Completed 0 1 2 3 4 5 6 7 8 9 10 11 12

OR

Check Highest Educational Level

(--) GED

(13) Adult High School Diploma

(14) Post High School Vocational Diploma

(15) Associate Degree

(16) Bachelor's Degree

(17) Master's Degree or Higher

If under 18 years of age, written permission from your high school must be on file.

Name of high school _____

Is your tuition being paid by an agency/organization? Yes No
If yes, what organization?

I give my permission for my company to know my attendance.
Signature (Required) _____

Written authorization for billing from the organization/employer must be on file. Answer yes, if this is on file. Yes No

Employer Work Phone _____

Class Title _____ Dates _____ Days _____

Time _____ Location _____

Signature (Required) _____ Date _____

Comment _____

If you need accommodations due to a disability, please contact the Counselor/Students with Disabilities Program at least 72 hours in advance at (828) 327-7000, Ext. 4222 or accommodations@cvcc.edu

For Office Use Only

Term _____ Course/Section Number _____

Tuition \$ _____ CPR Cards \$ _____ Lab Fees \$ _____
Textbooks \$ _____ Insurance \$ _____ Other \$ _____

\$ _____ -- For Third-Party Billing (Authorization to bill on company/organization letterhead must be attached.)

Name of Organization _____

Withdrawal Date _____ Transfer to _____ Tuition/Fees _____

Refund Amt. \$ _____ Reason _____ Processed by _____
Date _____ Sent to B0 _____

Please make checks payable to **Catawba Valley Community College**. Mail payment and registration form to:

CVCC, Corporate & Continuing Education
2550 Hwy. 70 SE
Hickory, NC 28602

or fax to (828) 322-5455 with credit card information, purchase order or billing authorization letter.

Amt. Paid \$ _____ Waiver Code _____ Registered by _____

Credit Card _____ Cash/Check Number _____ MO _____ Datatel Receipt by _____
Date _____

VISA MC AMX DSC Card Number _____
Sec Code: _____ Exp. Date _____