

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 E-Mail Address

Student ID# (if known) SS# 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.

Ethnic (1) White (2) Black (3) American Indian (4) Hispanic (5) Asian (6) Other Gender (F) Female (M) Male

Check Employment Status (E1) Employed 1 - 10 Hours (R) Retired (E2) Employed 11 - 20 Hours (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? If yes, what organization? Written authorization for billing from the organization must be on file.

Signature (Required) Date

Class Title Dates Days Time Location

For Office Use Only

Term Course/Section #

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 BO

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 Credit By: Card Cash Check # MO Datatel Rec. by Date

VSA MC AMX DSC Card # SecCode# Exp.Date