

CATAWBA VALLEY COMMUNITY COLLEGE (Non-Credit)

Registration Form

Tobacco Free Campus effective August 1, 2009

Name					
	Last	First		Middle/Maiden	
•	ddress type)				
Address:	☐ Home				
	□ Other mailing ac	ldress			
	☐ Employer or Age	ency			
City	State	Zip	County of	Residence	
Home Phone		Work		Phone	
Email Add	lress				
Student IE	O (if known)	Social S	ecurity Numbe	er	
Date of Bi	rth (required)				
			y. However, c	ertain state agencies may	
require so	cial security numbers	s for verification.			
Race					
□ (1) White		□ (2) Black		☐ (3) American Indian	
☐ (4) Hispanic		☐ (5) Asian or Pa	acific Islander	☐ (6) Other/Unknown/Multiple	
Gender [□ (F) Female □ (N	/I) Male □ (O) Oth	er		
Check Em	nployment Status				
□ (E1) E	mployed 1 – 10 Hou	rs	☐ (R) Retired		
□ (E2) E	mployed 11 – 20 Ho	ur	☐ (UN) Unemployed-Not Seeking Employment		
` ,	mployed 20 – 39 Ho		☐ (US) Unemployed-Seeking Employment		
` '	mployed 40 or More		(- / -	3 1 7	
Check Hig	hest Grade Complet OR	ed □0 □1 □ 2 □ 3 □] 4 □ 5 □ 6 □	7 🗆 8 🗆 9 🗆 10 🗆11 🗆12	
Check Hid	nhest Educational Le	/el			

☐ () GED ☐ (14) Post High School Vocat	ional Diploma	• ,				
☐ (16) Bachelor's Degree		⊔ (17) Maste	er's Degree or Higher			
Student Signature:		Date:				
Please enter class information.						
Class Title(s)	Date		Cost			
1.						
2.						
3.						
•	Company Billin	g Authorization	ı			
If you would like CVCC to bill yo entirety. This billing authorization authority to make this contract.	n must be signe	d by an individua	ll in your organization with the			
Company/Organization Name: _						
Contact Name:		Email:				
Phone:		Fax:				
Signature:		Date:				
Please Note: Cancellations are cancellations are subject to the still responsible for payment of for	entire class fee.	If you do not car	ncel and do not attend, you are			
Return to:						
Janet Lail jwlail@cvcc.edu CVCC-Computrain 2550 Highway 70, SE Hickory, NC 28602 (828) 327-7000, ext. 4116 Fax: (828) 322-5455						
For Office Use Only						
Registered By						
Withdrawal Date	Transfer to	т	uition/Fees			
Refund Amt. \$ Reason	n	Process	sed Bv			
Date Sent to	B0					
Date Sent to Amt. Paid \$ W	aiver Code	Reg	istered by			
Cash Check NumberN	ИО Datat	el Receipt by	Date			