

# CATAWBA VALLEY COMMUNITY COLLEGE (Non-Credit) Registration Form

Name \_\_\_\_\_  
Last
First
Middle/Maiden

*(Check address type)*

Address:  Home  Other  Employer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email 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 \_\_\_\_\_

**MARKETING DATA**  
*How did you learn about this class?*  CVCC Web Site  Direct Mail (schedule or flyer sent to my home)  
 Other Web Site (name) \_\_\_\_\_  Schedule picked up at another location \_\_\_\_\_  
 Newspaper (name) \_\_\_\_\_  Magazine (name) \_\_\_\_\_  
 Employer  Friend/Relative  
 On campus visit  Other: \_\_\_\_\_

**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 # \_\_\_\_\_ MO \_\_\_\_\_ Datatel Receipt by \_\_\_\_\_ Date \_\_\_\_\_  
 VISA  MC  AMX  DSC Card# \_\_\_\_\_ - - - Exp. Date \_\_\_\_\_ Sec Code: \_\_\_\_\_