



- (--) GED
- (14) Post High School Vocational Diploma
- (16) Bachelor's Degree

- (13) Adult High School Diploma
- (15) Associate Degree
- (17) Master's Degree or Higher

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please enter class information.

Class Title(s)	Date	Cost
1.		
2.		
3.		

### Company Billing Authorization

If you would like CVCC to bill your organization, please complete the below information in its entirety. This billing authorization must be signed by an individual in your organization with the authority to make this contract.

Company/Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Note:** Cancellations are accepted up to one week prior to start date. Subsequent cancellations are subject to the entire class fee. If you do not cancel and do not attend, you are still responsible for payment of fees. Please mark your calendars as there are no reminder calls.

#### Return to:

Janet Lail  
[jwlail@cvcc.edu](mailto: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 \_\_\_\_\_ Tuition/Fees \_\_\_\_\_

Refund Amt. \$ \_\_\_\_\_ Reason \_\_\_\_\_ Processed By \_\_\_\_\_

Date \_\_\_\_\_ Sent to B0 \_\_\_\_\_

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

Cash Check Number \_\_\_\_\_ MO \_\_\_\_\_ Datatel Receipt by \_\_\_\_\_ Date \_\_\_\_\_