

# 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 \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Student ID Number (if known) \_\_\_\_\_ SS Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (required) \_\_\_\_\_  65 Years or Older

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

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

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?

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I give my permission for my company to know my attendance.

Signature (Required) \_\_\_\_\_

Employer Work Phone \_\_\_\_\_

Class Title \_\_\_\_\_ Dates \_\_\_\_\_ Days \_\_\_\_\_

Time \_\_\_\_\_ Location \_\_\_\_\_

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

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

If paying by purchase order or billing authorization, please fax to (828) 322-5455 with purchase order or billing authorization letter.

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](mailto: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 \_\_\_\_\_

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

Cash \_\_\_\_\_ Check Number \_\_\_\_\_ MO \_\_\_\_\_

Datatel Receipt by \_\_\_\_\_ Date \_\_\_\_\_