TIDEWATER COMMUNITY COLLEGE
From here, go anywhere.™

Non-Credit Application for Admission and Registration

1. a. Have you ever applied to any Virginia Community College? _____ Yes ____ No If yes, most recent year: _____
   b. Have you ever been employed by a VCCS college? _____ Yes _____No
   If you answered yes to 1a. or 1b., and you know your EmplID, please provide:_____

2. Name: _____
   Last First Full Middle

3. Prefix: _____Mr. _____Miss _____Ms. _____Mrs. Other: _____

4. Suffix: _____ Jr. _____Sr. _____II _____ III Other: _____

5. Social Security Number: _____ - _____ - _____ and/or EMPL ID _____

6. Gender: _____ Male _____ Female

7. Are you a U.S. citizen? _____Yes _____ No *(If yes, continue to question #8)*
   If no, what is your Country of Citizenship? _____

   What is your current immigration status with the U.S.?
   ( ) Not in U.S. – I am requesting _____visa status.
   ( ) Currently in U.S.
   Permanent Status: ( ) Resident Alien ( ) Asylee ( ) Refugee A# (number), if any:_____
   Temporary Status: Specify visa type_____ and Expiration Date_____
   Are you requesting a change of status to an F-1 or M-1 visa? ( ) yes ( ) no

8. Is English your native language? _____ Yes _____ No

9. Date of Birth: _____ / _____ / _____ (Month)/(Day)/(Year)

10. Racial / Ethnic Group: _____ American Indian or Alaskan Native _____ Asian or Pacific Islander _____ Black _____ Hispanic _____ White Other: _____

11. Military Information: ( ) Active Duty ( ) Active Reserves ( ) Inactive Reserves ( ) Retired ( ) Veteran ( ) Military Spouse ( ) Military Dependent Child Branch:_____

12. Email address: _____ 13. Former Name: _____

14. Home Phone: (_____) _____ - _____

15. If you live in Virginia, provide your City or County of Residence: _____
    If you live outside of Virginia, provide the State and/or Country of Residence: _____

16. Mailing Address: _____
    (Street) (Apt./Suite)

    _____
    (City) (State) (Zip) (Country, if not USA)

17. If employed: Business Phone: (_____) _____ - _____ Extension: _____

18. Employer Name and Address: _____

19. I wish to begin classes in Year: 20_____ _____ Fall _____ Spring _____ Summer

I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Applicant's Signature: _____ **Date:** _____

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification) handicap, national origin or other non-merit factors. Employer, date of birth, SS#, sex, and race information are optional and used for research, reporting and management of student records.

Registration

☒	Class	Subject#	Sect	Title	Dates	Times	Location	Cost
☐								
☐								

Method of Payment (please circle) **Check** **Money Order** **VISA** **MasterCard** **Military Authorization**

Bank Card No. _____ **Expiration Date** _____

Holders Name _____ **Signature** _____

☐ **Employer-Paid Tuition**

REGISTER BY MAIL, FAX or ON-SITE:

MAIL & WALK-IN: TCC Workforce Development, Martin Building, 5th Floor, 300 Granby Street, Norfolk, VA 23510

FAX: 757-822-1160 **PHONE:** 757-822-1234 (for information)