TIDEWATER COMMUNITY COLLEGE
From here, go anywhere.™

Workforce Development Non-Credit Application and Registration Form

1. Have you ever applied to any Virginia Community College? ○ Yes ○ No If yes, most recent year: _____

   a. Have you ever been employed by a VCCS college? ○ Yes ○ No If yes, and you know your EMPL. ID, 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: _____ - _____ - _____ 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: ○ None ○ Active Duty ○ Active Reserves ○ Inactive Reserves ○ Retired ○ Veteran ○ Military Spouse
    ○ Military Dependent Child Branch:_____

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

14. Home Phone: (757) _____ - _____

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

17. If employed: Business Phone: (757) _____ - _____ Extension: _____

18. Employer name: _____

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

I certify 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, social security, sex, and race information are optional and used for research, reporting and management of student records.

Is your employer ☐ paying for or ☐ reimbursing you for this course? (please check the appropriate box)

Please check the following class or classes you wish to attend:

☒	Course #	Sect.	Dates	Title	Times	Hrs	Cost	CEUs
☐								
☐								

Select Method of Payment ☐ **Check** ☐ **Money Order** ☐ **VISA** ☐ **MasterCard** ☐ **Military Authorization**

Bank Card Number _____ **Expiration Date**_____

Holders Name _____ **Signature** _____

Employer-Paid Tuition. Attach a signed Authorization for Billing on company stationery with Federal Employee ID No., SIC Code and Employer Code or include payment via company check or credit card.

REGISTER BY MAIL, FAX or DELIVER REGISTRATION TO WORKFORCE DEVELOPMENT OFFICE:
TCC Workforce Development, Martin Bldg, 5th Floor, 300 Granby Street, Norfolk VA 23510
FAX: (757) 822-1160 **PHONE:** (757) 822-1234 (for information)