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

17. If employed: Business Phone: (_____) _____ - _____ 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
☐	ITEC 2009	N/A	N/A	SAM Package (all classes included)	N/A	N/A	$995

Method of Payment (please circle) 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 ON-SITE:
MAIL & WALK-IN: TCC Workforce Development, Martin Bldg, 5th Floor, 300 Granby Street, Norfolk VA 23510
FAX: (757) 822-1160 **PHONE:** (757) 822-1234 (for information)