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 2010 | N/A | N/A | SAM Word | N/A | N/A | $175 |
| ☐ | ITEC 2030 | N/A | N/A | SAM Word II | N/A | N/A | $175 |
| ☐ | ITEC 2012 | N/A | N/A | SAM Excel | N/A | N/A | $175 |

**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)