## **Registration Form for Noncredit Classes**

(for Division of Workforce Services courses only.) PLEASE PRINT CLEARLY

Name	Date of Birth				
Last Address	First		ddle Ant #	Daytime Phone	
/ lddi 000			Λφι.π		
City/County		State	Zipcode_	County	
Social Security #		E-mail Address			
If you have a VCCS EMPL ID, please	se provide it:		Would you like an	e-mail confirmation of regis	tration? □Yes □No
Have you ever applied to any Virgi	nia Community College?	☐Yes ☐No	May we contact ye	ou by email about future clas	sses? □ Yes □No
☐ Hispanic or Latino ☐ Black/Africa	n American □ Asian □ A	merican Indian/Alaska I	Native □ Native Hawaii	an/Other Pacific Islander 🗆 W	/hite □ I choose not to specify
☐ I have never served in the U.S. Milita	ry $\Box$ I am the dependent	of a U.S. Military veteran	☐ My spouse has serv	ed in the U.S. Military	
$\Box$ I have served in the U.S. Military	status?	What date did you enter the military (mm/dd/yy)?			
Are you a U.S. Citizen? □Yes □ No	If no, country of citizenship?	Perma	anent Status:   Resident	alien □ Asylee Refugee □ A#_	
What is your current immigration status	with the U.S.?	S.–I am requesting visa st	tatus. $\square$ Currently in U.S.		
Class No.	Date of Class		Course Title		Fee
*All classes through Workforce Ser	vices at PVCC are available	e for Continuing Educat	tion Units.	TOTAL 6	
Method of payment: ☐ Check ☐ Money Order ☐ Visa ☐ Maste			TOTAL \$  AMEX □ Bill employer (Attach purchase order or authorization to bill.)		
Method of payment.   Check	noney Order - Visa -	Master Caru		CANCELLATIONS	authorization to biii.)
				Workforce Services reserves the right to <b>REFUNDS</b>	cancel or reschedule any course.
If paying by credit card, please cal	I our office at 434.961.53	54 with payment infor	mation.		up to five (5) business days before that class

it paying by credit card, please call our office at 434.961.5354 with payment information.

MAIL OR FAX COMPLETED REGISTRATION TO:

**Piedmont Virginia Community College Attn: Workforce Services 501 College Drive** Charlottesville, VA 22902 434.961.5270 (fax)

Refund requests must be made in writing by mail, fax or e-mail (include your name, PVCC ID number, course title, and reason for refund). Refunds are processed by the State Treasury in Richmond and may take 3-6 weeks to process.

is scheduled to begin and receive a full refund. No refunds will be provided after this

time. However, you may send another participant in your place. (PVCC ID number

must be provided to us).

PAYMENT MUST BE RECEIVED AT TIME OF REGISTRATION Class sizes are limited and registration is on a FIRST-PAID, FIRST-SERVED basis