

# CATAWBA VALLEY COMMUNITY COLLEGE (Non-Credit) Registration Form

Name \_\_\_\_\_  
Last
First
Middle/Maiden

*(Check address type)*

Address:  Employer  Other \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Student ID# (if known) \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth (required) \_\_\_\_\_  65 Years or Older

*Disclosure of your social security number is voluntary. However, certain state agencies may require social security numbers for verification.*

Ethnic  (1) White  (2) Black  (3) American Indian  (4) Hispanic  (5) Asian  (6) Other

Gender  (F) Female  (M) Male

Check Employment Status  (E1) Employed 1 - 10 Hours  (R) Retired  
 (E2) Employed 11 - 20 Hours  (UN) Unemployed-Not Seeking Employment  
 (E3) Employed 20 - 39 Hours  (US) Unemployed-Seeking Employment  
 (E4) Employed 40 or More Hours

Circle Highest Grade Completed  0  1  2  3  4  5  6  7  8  9  10  11  12  
OR

Check Highest Educational Level  (--) GED  (13) Adult High School Diploma  
 (14) Post High School Vocational Diploma  (15) Associate Degree  
 (16) Bachelor's Degree  (17) Master's Degree or Higher

If under 18 years of age, written permission from your high school must be on file. Name of high school \_\_\_\_\_

Is your tuition being paid by an agency/organization? If yes, what organization? \_\_\_\_\_

Written authorization for billing from the organization must be on file.

Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

**Class Title:** [Hos. 101/102](#) **Dates:** \_\_\_\_\_ **Days:** [Tues & Wed.](#) **Time:** [9-5pm](#) **Location:** [Manufacturing Solutions Ctr](#)

### For Office Use Only

Term \_\_\_\_\_ Course/Section Number \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Tuition CPR Cards Lab Fees Textbooks Insurance Other -- For

Third-Party Billing (Authorization to bill on company/organization letterhead must be attached.)

Name of Organization \_\_\_\_\_

Withdrawal Date \_\_\_\_\_ Transfer to \_\_\_\_\_ Tuition/Fees \_\_\_\_\_

Refund Amt. \$ \_\_\_\_\_ Reason \_\_\_\_\_ Processed By \_\_\_\_\_ Date \_\_\_\_\_ Sent to B0 \_\_\_\_\_

Please make checks payable to **Catawba Valley Community College**. Mail payment and registration form to Attn: Linda York, Manufacturing Solutions Center, 301 Conover Station SE, Conover, NC 28613. Call Linda York at 828-327-7000, ext. 4265 for credit card payment.

Amt. Paid \$ \_\_\_\_\_ Waiver Code \_\_\_\_\_ Registered by \_\_\_\_\_  
 Credit Card  Cash  Check # \_\_\_\_\_ MO \_\_\_\_\_ Datatel Receipt by \_\_\_\_\_ Date \_\_\_\_\_

VISA  MC  AMX  DSC Card# \_\_\_\_\_ - - - Exp. Date \_\_\_\_\_ Sec Code: \_\_\_\_\_