

WORKFORCE DEVELOPMENT NON-CREDIT APPLICATION AND REGISTRATION

CUSTOMER ID/EMPL ID: _____

New River Community College, P.O. Box 1127, Dublin, VA 24084

Phone: (540) 674-3613 Fax: (540) 674-3634

1. Name: First: _____ Full Middle: _____ Last: _____
2. Prefix: _____ (Miss, Ms. Mrs. Mr.) _____ (Former Name) 3. Suffix: _____ (None, Jr., Sr., III, Other)
4. Social Security Number: _____

Providing a social security number is not required but highly recommended. If not given, access to some services will be limited and tax reporting information will not be available. Note: Social Security number is required for financial aid applicants.

5. Birth Date: _____
Month Day Year

6. Have you previously attended, applied for admission to, or been employed by any Virginia community college? Yes No

7. What term will the applicant begin classes? Fall Spring Summer _____ year

8. Phone (include area code): _____

9. Mailing Address: Street name/number OR P.O. Box: _____

City State Zip/Postal

County: _____

10. Business Phone (if employed) _____ Ext. _____

11. Employer Name (if employed): _____

12. Gender: Male Female 13. Is English the applicant's native language? Yes No

14. Is applicant a U.S. citizen? Yes No
If no, please check appropriate box: Alien Permanent Not Reported/Not Living in US Alien temporary

Visa Type: _____ Country of Citizenship _____

15. Ethnic Group: White Black Hispanic Other: _____ Asian/Pacific Islander American Indian/Alaska Native

COURSE NAME(S), NUMBER(S), AND CLASS NUMBER(S)

Course Name	Course Number	Class Number
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Bank Card Information: Visa or Master Card

Card Number: _____

Three Digit Code on Back of Card: _____ Expiration Date: _____

Card Holder's Name: _____

Register online at nr.edu/workforce

NO REFUNDS AFTER THE START OF CLASS