RELEASE FORM / PROMISSORY NOTE FOR OPEN ENROLLMENT PARTICIPATION IN THE WORKFORCE CREDENTIAL GRANT

l,	, am enrolling in:	as part of the New		
Econor	my Workforce Credential Grant Program (WCG). As a condition to receiving a grant,	agree to the following		
terms	and conditions:			
FOR S	TUDENTS RESPONSIBLE FOR PAYING FOR THEIR COURSE:			
	not successfully complete the course by earning an "S" grade within thirty (30) days			
agree to pay an additional 1/3 of the total course cost to: Community Coll				
	n "S" grade within thirty (30) days of the program end date, I will not have any furthollege for this course.	er financial obligations to		
If I mus	st pay an additional amount, I understand and agree to the following terms:			
A.	I agree that I must pay all the money I owe to the College, although there may be that would reduce the amount that I owe. I also agree not to claim that I do not of College. This means that homestead and all other exemptions, presentations, dendishonor are hereby waived by the undersigned.	we the money to the		
В.	If the College does not receive payment within the timeframe noted in the College	e policy, I understand and		

agree that the Commonwealth will take all actions, including debt set-off, to collect the money I owe to the

C. I also agree to pay all associated collection costs and/or attorney's fees if necessary to collect the money I

FOR STUDENTS WHOSE COMPANY IS PAYING FOR THEIR COURSE:

Today's Date: _____

I understand in the case where the College has an agreement with my employer covering my specific participation in this New Economy Workforce Credential Grant Program (WCG) course, I will not be responsible for the additional 1/3 of the total course cost should I not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. I acknowledge and understand that I may owe my employer the additional 1/3 of the total course cost under a separate agreement or other arrangement, if I do not successfully complete the course.

FOR ALL STUDENTS:

College.

owe to the College.

- 1. I understand the purpose of the WCG is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure. Therefore, I agree to seek the applicable credential or licensure associated with my program whether it is incorporated into the program cost or requires me to obtain the credential or licensure at an additional cost. I also agree to provide proof of my satisfactory completion of that credential or licensure to the College.
- 2. I understand that my social security number is required in order to maintain enrollment in this class. My social security number is being collected in accordance with federal and state law, and to claim the tax refund and other applicable state refunds and payments in cases where I must pay the College; for debtor information and

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skip-tracing; and to track and report the number of students who attain noncredit workforce credentials and other outcomes under this WCG.

- 3. I am 18 years or older. If I am under 18 years old, a parent or legal guardian has completed this release form on my behalf.
- 4. By reading and responding to the following questions, I will agree to the above terms and conditions of this promissory note. I understand that I may sign this agreement by hand and may do so by contacting the College.
- 5. I agree to the withdrawal, refund, repeat, completion, and non-completion procedures at the College.
- 6. I understand that I may file a complaint(s) using the procedures established by the College.
- 7. Virginia "domicile" means that you have lived in Virginia and intended to stay here indefinitely for at least one year prior to the date of this application. I understand that I must be domiciled in Virginia to receive the discount applied to this course. If I do not have domicile in Virginia, I will pay the full cost of the course, which is equal to three times the amount paid at initial enrollment.

PLEASE RESPOND WITH YOUR INITIALS AS INDICATED:

arent/	Guardian Signature	Name (please print)	Date
Signatu	re	Name (please print)	Date
D.	I agree to sign the promissory not	e electronically. Type your initials here:	_
D	Lagree to sign the promissory not	ea electronically. Type your initials here:	_
C.	I understand that I have the optio	on to sign this document by hand. Type your initials he	ere:
В.	I agree to the above terms and co	anditions of the promissory note. Type your initials he	re:
A.	have read and understand the te	erms and conditions of the promissory note. Type you	ir initials

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