



# Southside Virginia Community College

109 Campus Drive - Alberta, VA 23821  
Telephone: (434) 949-1060 Fax: (434) 949-7863  
200 Daniel Road - Keysville, VA 23947  
Telephone: (434) 736-2003 Fax: (434) 736-2082

## NON-CREDIT APPLICATION

Have you ever applied to any Virginia Community College?  Yes  No If yes, most recent year: \_\_\_\_\_  
Have you ever been employed by a VCCS College?  Yes  No  
If yes and you know your EMPL.ID, please provide: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ or EMPL.ID / STUDENT ID # \_\_\_\_\_

DPOR License # (Trades Classes) \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle) (Maiden or Former)

PREFIX:  Mr.  Miss  Ms.  Mrs. Other: \_\_\_\_\_ SUFFIX:  Jr.  Sr.  II  III Other: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
(Street/Road) (City) (State) (Zip Code)

TELEPHONE NUMBERS \_\_\_\_\_  
(Home) (Work) (Cell)

Email ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GENDER:  Male  Female  
Month (00) Day (00) Year (0000)

Are you a U.S. Citizen?  Yes  No (If no, please answer the following questions:)  
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 the 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

Is English your native language?  Yes  No

Racial / Ethnic Group  American Indian or Alaskan Native  Asian or Pacific Islander  Black  
 Hispanic  White  Other: \_\_\_\_\_

Military Information:  Active Duty  Active Reserves  Inactive Reserves  Retired  Veteran  
 Military Spouse  Military Dependent Children Branch: \_\_\_\_\_

If you live in Virginia, please provide your City or County Residence: \_\_\_\_\_

If you live outside of Virginia, please provide the State and/or Country of Residence: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ I wish to begin classes in year 20 \_\_\_\_\_ Fall Spring Summer

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Non-Credit Registration Form

Class Nbr PeopleSoft	Course Prefix	Catalog Number	Section	Course Title	Tuition

Method of Payment (Please Circle): Cash Check Money Order VISA MasterCard  
Bank Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Holder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_ Employer-Paid Tuition. Please fill out a Letter of Authorization or include payment via company check or credit card.

*Note: Form may be copied or duplicated as needed*