

FULL NAME:				SOCIAL SECURITY NUMBER/COA ID:			
MAILING ADDRESS:				EMAIL ADDRESS:			
CITY:		STATE:		ZIP CODE:		TELEPHONE:	
BIRTH DATE:		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> HISPANIC/LATINO (HIS) <input type="checkbox"/> NON HISPANIC/LATINO (NHS)		HOME _____ CELL _____ WORK _____	
<input type="checkbox"/> AMERICAN/ALASKA NATIVE <input type="checkbox"/> BLACK/AFRICAN AMERICAN				<input type="checkbox"/> ASIAN <input type="checkbox"/> HAWAIIAN/PACIFIC ISLANDER		EMPLOYMENT STATUS:	
HIGHEST EDUCATION LEVEL ____ NON-GRADUATE – ENTER HIGHEST GRADE COMPLETED 0-11 <input type="checkbox"/> 12 HIGH SCHOOL GRADUATE <input type="checkbox"/> 15 ASSOCIATE DEGREE <input type="checkbox"/> -- GED <input type="checkbox"/> 16 BACHELOR'S DEGREE <input type="checkbox"/> 13 ADULT HIGH SCHOOL DIPLOMA <input type="checkbox"/> 17 MASTER'S DEGREE + <input type="checkbox"/> 14 ONE-YEAR VOCATIONAL DIPLOMA				<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED - SEEKING <input type="checkbox"/> UNEMPLOYED - NOT SEEKING <input type="checkbox"/> RETIRED			
TUITION FEE WAIVED: <input type="checkbox"/> LAW <input type="checkbox"/> EMT <input type="checkbox"/> FIRE <input type="checkbox"/> CORRECTION UNIT <input type="checkbox"/> HRD <input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER INDICATE DEPT AND JOB TITLE (REQUIRED): _____							
HRD TUITION AND FEE WAIVER – VERIFICATION STATEMENT The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List/Combined Course Library as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he/she meets at least one of the criteria by completing and signing this form. I qualify for a tuition and fee waiver under the following criteria: <input type="checkbox"/> I am currently unemployed. <input type="checkbox"/> I have received notification of a pending layoff. <input type="checkbox"/> I am working and eligible for the Federal Earned Income Tax Credit. <input type="checkbox"/> I am working and earn wages at or below 200% of the federal poverty guidelines.				REFUND POLICY If you withdraw BEFORE the class begins, or if the class is cancelled, you will receive a 100% refund. The refund will be 75% if you withdraw before the 10% point, which is usually the first class. Registration fees are NON-REFUNDABLE after the 10% point. No refunds will be given for classes designated Community Service Education, due to their SELF-SUPPORTING STATUS. IMPORTANT INFORMATION 1 – Any adult 18 years of age or older who is not enrolled in high school may be admitted to a Continuing Education course. High School students 16 & 17 years of age may enroll in certain Continuing Education courses with prior approval. 2 – Unofficial transcripts will be forwarded only upon request of the student.			
MEDIA RELEASE At times, the College may include images and/or video of students in various media, including social media, as well as their writings or individual works to be included in any media or publication purposes whatsoever. For more information, visit COA Media Release/Opt-Out at www.albemarle.edu/ci . Select the box below if you would like to opt out: _____ Parent signature required if opting out for a student under 18 years of age. <input type="checkbox"/> Opt-out Media Release							
STUDENT SIGNATURE						DATE	

FOR OFFICE USE ONLY							
COURSE	SYN #	DATE(S)	DAY(S)	TIME	COST	INSTRUCTOR	BLDG/RM #
PAYMENT/WAIVER RECEIVED – COA WORKFORCE DEVELOPMENT REP SIGNATURE: _____ <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> CHECK AMOUNT _____ <input type="checkbox"/> CREDIT CARD AMOUNT _____ <input type="checkbox"/> CASH AMOUNT _____ </div> <div> BANK NAME _____ <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD LAST FOUR DIGITS _____ <input type="checkbox"/> SPONSOR/SPONSORSHIP (ATTACH PAPERWORK) _____ </div> <div> CHECK NUMBER _____ </div> </div>							