

Have you ever applied to or been employed by any Virginia Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No Year applied, attended or employed: _____				ID#:
<input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	Last:	First:	MI:	Date of Birth:
Current Address	Street:			Apt #:
	City:		State:	Zip:
Phone Number	Day: ()		Evening: ()	
<input type="checkbox"/> Yes <input type="checkbox"/> No	I use my motorcycle to commute to my job or need a motorcycle license for my work.		E-mail Address:	
Driver's License #: _____ - _____ - _____		Exp. Date: ____/____/____		State: _____
NOL #	Course # - Section	Course Title	Start Date	Course Fee
	TRNS 3200-	Motorcycle Rider Course		\$125.00
Completion of registration card confirms your understanding of the administrative policies, including refund policy. <input type="checkbox"/> Initials: _____				
Staff Use Only	Registered by: <input type="checkbox"/> In Person <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Phone			Follow up:
	Term Activated:	Received by:	Received Date:	Follow up:
Enrollment #	Enrollment #	Enrollment #	Follow up:	Follow up:
Refund Requested:	Dropped Date:	Refund Processed:	Cashiered:	Third Party:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(For refund purposes only) SSN: _____		
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is your country of citizenship? _____		
If No, what is your current immigration status with the US? <input type="checkbox"/> Not in the US – I am requesting a _____ visa status <input type="checkbox"/> Permanent Status <input type="checkbox"/> Resident Alien <input type="checkbox"/> Asylee <input type="checkbox"/> Refugee <input type="checkbox"/> A# _____ <input type="checkbox"/> Temporary Status: Visa Type _____ Expiration Date: _____			
Are you requesting a change of status to an F-1 or M-1 visa? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Racial/Ethnic Group: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other			
Military Information: <input type="checkbox"/> Active Duty <input type="checkbox"/> Active Reserves <input type="checkbox"/> Inactive Reserves <input type="checkbox"/> Retired Branch: _____ <input type="checkbox"/> Veteran <input type="checkbox"/> Military Spouse <input type="checkbox"/> Military Dependent Child			
If you live in Virginia, provide your City or County of Residence:		If you live outside of Virginia, provide the State and/or Country of Residence:	
Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Money Order		Check/MO #:	Receipt #:
Paid by: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX		Card Holder's or Check Writer's Name:	
Card: _____ - _____ - _____ - _____		Expiration: Month ____ Year ____	
<input type="checkbox"/> Employer Sponsor Paid	Company Name:		Tax ID #:
<input type="checkbox"/> Company Letter Attached for Invoicing	Street:		Suite or PO Box #:
	City:	State:	Zip:
Contact Person	Name:		Phone: ()