

Business Office Verification

College ID Number

VANCE-GRANVILLE COMMUNITY COLLEGE

CED-02
11/17

Main Campus: (252) 492-2061
South Campus: (919) 528-4737

Post Office Box 917
Henderson, North Carolina 27536

Warren Campus: (252) 257-1900
Franklin Campus: (919) 496-1567

REGISTRATION RECEIPT FORM — COMMUNITY & ECONOMIC DEVELOPMENT

Social Security Number * _____ Name (Print) _____
_____/_____/_____ Last First Middle

*Collection of Social Security Numbers: Vance-Granville Community College is legally authorized to collect student Social Security numbers in order to comply with certain federal and state reporting requirements, and to meet the business imperatives of the college.

Mailing Address _____
City _____ State _____ Zip _____

North Carolina Resident
 Yes No
County of Residence _____

Telephone Number
Home (____) _____
Work (____) _____
Cell (____) _____

Birthdate/Age Under 18: Yes No
____/____/____ Month Day Year Age

Race/Ethnic Background
 1. White 3. American Indian 5. Asian
 2. Black 4. Hispanic 6. Other

Education Fill in/Circle Highest Grade Completed
1 2 3 4 5 6 7 8 9 10 11 12
-- GED 15 Associate Degree
13 Adult High School Diploma 16 Bachelor's Degree
14 Vocational Diploma 17 Master's Degree & Higher

Gender Employment
 Male Full Time Retired
 Female Part Time Unemployed

Employer _____

E-Mail _____

Course Title _____
Section Number _____ Section ID _____ Length/Hrs. _____
Starting Date _____ Ending Date _____ Location _____

Students: Please read.

(1) Refund Policy: Students will be eligible for a 100-percent refund if official withdrawal occurs prior to the first class meeting or the class is cancelled. After the course begins, a 75-percent refund can be made if the student officially withdraws prior to or on the 10-percent point of the scheduled hours. For contact-hour classes, five calendar days from the first day of class is the determination date. For self-supporting classes, no refund will be made unless the class is cancelled.
(2) Repeat Policy: Students who take an Occupational Extension course more than twice within a five-year period shall pay their cost for the course based on the amount of funds generated by a student membership hour for Occupational Extension multiplied by the number of actual hours the class is to be taught. Students may repeat Occupational Extension courses if the repetitions are required for certification, licensure, or recertification.
(3) Grading Policy: In order to receive a satisfactory (S) grade, students must be present for at least 80-percent of the class hours scheduled.

Grade Release: Student's signature on this form gives or denies permission for VGCC to release his/her grade to the appropriate certification agency, employer or prospective employer, when applicable.

Your signature here indicates that you have read the above policies and that the other information on this form is correct.

Student Signature Here Date Signed

— FUNDS COLLECTED — STUDENTS LEAVE SECTION BLANK

	Cash/Check/Charge	Check No.
Registration		
Malpractice		
Accident Insurance		
Security Access		
Books		
Supplies		
Other		
TOTAL		

— CREDIT CARD INFORMATION —

Type: VISA MASTERCARD

— COMPANY OR AGENCY TO BE BILLED: —

(Name & Written Authorization Required)

Check Registration Fee Waiver That Applies:

- Paid Firefighter (CEPFR) Other: _____
- Volunteer Firefighter (CEVFR) Agency: _____
- Paid Rescue Squad (CEPRS) Job Title: _____
(DOC & Paid Members)
- Volunteer Rescue Squad (CEVRS)
- Law Enforcement (CEPLW)
- Human Resource Development
- Senior Citizen (Age 65 or older)
- Self Support

Student's signature attests that he/she is actively affiliated with the public safety agency and that he/she holds the job classification indicated.

I have reviewed this form and collected the appropriate funds as reported above.

Instructor / VGCC Staff Date

White: Student Affairs

Yellow: Division

Pink: Student