PAYMENT/REGISTRATION INSTRUCTIONS (Application on reverse)

Registration for Continuing Education classes may be done via mail using this form or by telephone by calling 757-789-7979 using a credit card. Full payment by cash, check, money order or credit card (VISA or MasterCard only) must be received upon registration. Any form of payment can be made in person on campus in Melfa. In-person credit card payments require cardholder’s presence and signature. Please make check or money order payable to Eastern Shore Community College. Do not send cash via mail.

Workforce Development and Continuing Education courses are open to all interested persons 18 years of age or older unless otherwise specified. High school age learners may be allowed to attend certain courses with advance permission of the department and the instructor. Such permission must be requested no later than two weeks before the class start date.

Refund policy. If a learner wishes to withdraw from a course and receive a refund, an official written request must be received by the Workforce Development/Continuing Education Department by noon, no fewer than seven calendar days prior to the first class session. Requests may be submitted in person, via mail, email, or fax. Telephone notification without a written request will not suffice. All pre-paid fees will be refunded if the learner withdraws appropriately within this timeframe. If the learner withdraws after the cancellation deadline, no refund will be granted. Failure to attend class and/or stop-payment of a check does not constitute an official withdrawal, and collection of all fees based on original course registration as well as any applicable returned check fees will be required in all such circumstances. There is a $20 charge for returned checks, including, but not limited to, “stop payment”.

Accommodations Statement: Continuing Education classes are extended to the public on a non-discriminatory basis. Reasonable arrangements will be made for persons with disabilities if requested two weeks in advance of course date. Please call 757-789-7979 or toll free at 877-871-8455. ESCC promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), handicap, national origin or other non-merit factors. Employer, date of birth, sex, and race information is used for research, reporting and management of student records only.
1. Name: _______________________________________________________________________________________________
   First                    Full Middle                        Last

2. Social Security Number: __________-________-________  Empl-Id: ________________________
   You are not required to provide your SSN if you choose not to. Your SSN or date of birth will help distinguish you
   from other students in Virginia who might have the same name, and will help to ensure that your
   participation is correctly recorded.

3. Former name: __________________________________________________________________________________________
   First                    Full Middle                        Last

4. Date of birth: _________/________/________
   (Month) (Day) (Year)

5. Phone - home: (________)_________-__________

6. Mailing address: __________________________________________________________
   (Street)                      (Apt #)
   (City)                        (State)                      (ZIP)                      (Country, if not USA)

7. Email address: ___________________________ (This is critical)

8. Employer: _____________________________________________

9. Phone - work: (________)_________-__________

If you have previously enrolled in any class at any Virginia community college in the past ten years, you need go no further in
answering these questions unless anything below has changed: go directly to sign at the bottom for class registration.
Contact Laura Fosque, phone 757-789-7979, fax 757-789-7999 with any questions.

10. Ethnicity: ___ American Indian or Alaskan Native  ___ Asian  ___ Black/African American
    ___ Hispanic/Latino  ___ Native Hawaiian/Pacific Islander  ___ White

11. Gender: _____ Male  _____ Female

12. US Citizenship Status: ___ Native: US citizen from birth  ___ Alien Temporary resident
    ___ Alien: permanent resident  ___ Naturalized USA citizen

13. Primary language: ___ English  ___ Other

14. Military information: ( ) active duty  ( ) active reserves  ( ) inactive reserves  ( ) retired
    ( ) veteran  ( ) military spouse  ( ) military dependent child
    Branch: ____________________________

<table>
<thead>
<tr>
<th>Class Name</th>
<th>Code</th>
<th>Start</th>
<th>End</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PAYMENT INFORMATION: Total amount payable: __________

   ( ) Check / M.O. enclosed.  ( ) Please charge my credit/debit card.  Circle One: VISA  MasterCard

Name on Card: ____________________________________________

Card #: ____________________________ Exp. Date: __________

Card mailing address if different from above:
   Street/P O Box: ____________________________
   Town/State/Zip: ____________________________________________

Your signature below is authorization to accept payment as specified as well as acceptance of the terms and condition on reverse.

Applicant's Signature: ____________________________ Date: __________