HOW TO REGISTER FOR NON-CREDIT COURSES

Workforce Development
& Continuing Education
645 Patriot Avenue
Martinsville, VA 24112
276.656.0260
wdce@patrickhenry.edu
www.patrickhenry.edu

Thank you for your interest in our non-credit courses at Patrick Henry Community College!

Pre-Registration Required! Payment due at time of registration.

Five convenient ways to register:

- Mail completed Application to: PHCC, Workforce Development, 645 Patriot Ave, Martinsville, VA 24112.
- Fax completed Application to our secure fax line at (276) 632-1967.
- Call our office at (276) 656-0260 to register by phone (*please have credit card ready*).
- Visit our offices at PHCC, Frith building, rooms 104-112, Monday-Friday, 8:00 AM – 5:00 PM.
- Call or visit The Artisan Center at (276) 656-5461, 54 W. Church St, Uptown Martinsville.

COMPANY BILLING:
A letter of authorization for payment must accompany the completed Non-Credit Application and Course Registration form. It must be typed on official company letterhead, signed by the company's authorized payer, and include the company's Federal Tax ID number. It must state the employee's name and list the class/es that the company will be paying for.

CANCELLATION / REFUND POLICY
WDCE reserves the right to cancel any course. We will attempt to notify you by phone if a course is cancelled. You must contact our office at least 48 business day hours before the course is scheduled to begin to receive a refund or transfer your tuition to another class. No refunds or transfers are provided after this time. If you do not notify our office and you do not attend or complete the course, you will forfeit your registration fee. Refund checks are mailed from the state treasury office and take 3-6 weeks to process.

GIFT CERTIFICATES
Gift certificates may be acquired through the Institutional Advancement office, located in the Frith building, room 144. For more information, call (276) 656-0249.

STUDENT SUPPORT SERVICES
If you have a disability or other need for reasonable accommodation in order to successfully complete the requirements of a course, please contact Scott Guebert, 504/ADA Coordinator, at 656-0257 or 800-232-7997 ext. 0257, sguebert@ph.vccs.edu, or visit West Hall, room 134, to discuss this matter confidentially.

NON-CREDIT APPLICATION FOR ADMISSION AND COURSE REGISTRATION

Patrick Henry Community College
Workforce Development & Continuing Education
645 Patriot Avenue, Martinsville, VA 24112
Phone (276) 656-0260 l Fax (276) 632-1967

Have you previously attended any Virginia Community College? ☐ Yes ☐ No _____
Student ID or Social Security Number

Student's Full Legal Name: _____
First *Middle* *Last* *Suffix*

Former Name (if applicable): _____ Preferred Name: _____

Date of Birth: ____ / ____ / ____ Gender: ☐ Male ☐ Female
Month *Day* *Year*

Ethnicity: ☐ Black/African American ☐ Hispanic/Latino ☐ White Other: _____

Home Mailing Address: _____
Street Address or PO Box *City* *State* *Zip*

Current Residence (City/County): _____

Primary Daytime Phone: ( ) - Other Phone: ( ) -

Employer: _____

Email Address: _____

How did you find out about this class? ☐ Email ☐ Newspaper ☐ Website Other: _____

COURSE REGISTRATION: *View our schedule online at www.patrickhenry.edu / Businesses and Community*

Course Title	*5 Digit ID*	*Subject*	*Code*	*Course Date*	*Cost*
			-		
			-		
			-		
			-		

Applicant's Signature: _____ **Date:** _____
Parent / Legal Guardian's Signature, if under 18 years of age

Patrick Henry Community College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policy: Affirmative Action Coordinator, Francis T. West Hall, room 148, (276) 656-0214.

OFFICE USE ONLY: Received _____ Entered _____ Confirmation Sent _____ ☐ Mail ☐ Email
By _____ ☐ Student sent to Business Office to pay ☐ Payment Transmitted ☐ Company Billing ☐ BOGO ☐ Scholarship

PAYMENT AUTHORIZATION

TO BE FORWARDED TO THE BUSINESS OFFICE

STUDENT NAME: _____ **EMPLID:** _____

PHONE NUMBER: _____

Course Title	*Subject*	*Code*	*Semester/Year*	*Cost*
		-		
		-		
		-		
		-		

☐ CASH ☐ BOGO ☐ FULL SCHOLARSHIP

☐ CHECK CHECK #: _____ AMOUNT: _____ RECEIPT# _____

COMPANY NAME, IF PAYING BY COMPANY CHECK OR CREDIT CARD:

_____

CREDIT CARD INFORMATION: ☐ MASTERCARD ☐ VISA AMOUNT: _____

CARD NUMBER: _____

EXP. DATE: _____ SECURITY CODE: _____

3 digit code located on the back of the card

CARDHOLDER NAME (*as shown on card*): _____

SIGNATURE: _____ DATE: _____

I authorize the Business Office at PHCC to charge my credit/debit card, as shown above.

☐ **BILL MY COMPANY**

A letter of authorization for payment must accompany the completed Noncredit Application for Admission and Course Registration. It must be typed on official company letterhead, signed by company's authorized payer, and include the company's Federal Tax ID number. It must state the employee's name, student ID or social security number, list the class/es that will be paid for, specifying if paying for tuition, fees, and/or textbooks.

OFFICE USE ONLY: **Date Received:** _____ **Date Transmitted:** _____