HOW TO REGISTER FOR
NON-CREDIT COURSES

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.
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: ______ / ______ / ______  
Month  Day  Year  Gender:  □ Male  □ Female

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

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<th>Subject</th>
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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: ___________________________

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☐ 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: ______________