



# Registration Form for Noncredit Classes University of Virginia Facilities Management



## PLEASE PRINT

Name  Date of Birth

Address  APT #  Phone

City  State  Zip Code  County

**Your Social Security Number must be provided to PVCC at time of class for DPOR requirements.** E-mail Address

If you have a VCCS EMPL ID, please provide it?

**Would you like an e-mail confirmation of registration?**  Yes  No

**Have you ever applied to any Virginia Community College?**  Yes  No **May we contact you by e-mail about future classes?**  Yes  No

**COURSE(S)**

Racial or Ethnic Group

Hispanic/Latino  Black/African American  Asian  American Indian/Alaska Native  Native Hawaiian/Other Pacific Islander  White  I choose not to specify.

I have never served in the U.S. Military  I am the dependent of someone who has served in the U.S. Military.  My spouse has served in the U.S. Military.

I have served in the U.S. Military? What is your current military status?  On what date did you enter the military?

Are you a citizen of the United States?  Yes **If YES, you have completed filling out the form.**

No **If NO, please continue to the next line.**

For Informational Purposes Only  
PVCC Workforce Services Contacts

Patsy Spencer  
434.961.5331 (phone)  
434.961.5270 (fax)

What is your country of citizenship?

What is your current immigration status with the United States?

Not in United States. I am requesting a visa.  Currently in United States.

Permanent Status  Resident Alien  Asylee/Refugee  A #

**Please give your completed form to Adetra Thomas in FM Human Resources & Training in Skipwith Hall Lower-Level**

Notice: In compliance with the sex offender and crimes against minors registry, a portion of this information will be submitted to the Virginia State Police.