

OFFICE USE ONLY Rev. 08/16							
Fee Paid							
Billed							
Date							
01 C	ollege	06 Students	06 Classes				

COMMUNITY EDUCATION APPLICATION

. Name:			Middle				
Please list any other na	ame you have used for work or	school, including m	naiden name:				
2. Address:							
Street		City		State	Zip		
3. Email:		I					
				scribes why you are ta	•		
county:							
5. Telephone:			☐ Other:				
Cell phone:			12. Which campus	will you be attending?	?		
. Gender: □ Male □ Female			☐ Wheeling ☐ New Martinsville				
7. Birth date:			□ Weirton	☐ Distance (Online	Courses)		
7. Birth date: m m d	d y y y y						
8. High School Completion ☐ High school gradua ☐ GED™/TASC certi ☐ Other	ate	_					
). Year of High School (GED™/TASC) Graduation			I certify that all the information provided in this application is complete and correct to the best of my knowledge. I understand that any false information or omission of information relating to residency and citizenship is cause for suspension from West Virginia Northern Community College. I will acquaint myself with and abide by the student code of conduct, including compliance with the Drug-Free Schools and Communities Act, and other requirements governing the academic and social standards of West Virginia Northern Community College.				
High school			Virginia Northern Comm	nunity College.			
City/State							
0. Have you ever attended WVNCC before? ☐ Yes ☐ No			Signature		Date		
		'					
Course Title				Cost	OFFICE USE ONLY		
					CRN:		
PAYMENT ENCLOSED:	: Снеск \$(I	Please make pa	yable to WVNCC.)	ı			
	• • • • • • • • • • • • • • • • • • • •	•	rd, Visa, Discover, American Express				
PRINT NAME ON CREDIT CARD:			Number:				
	CVC CODE (ON BACK OF C				P:		
SIGNATURE OF CARD HOLDER			EXP DATE:				