



Kalamazoo Valley Community College

Special Length Credit or Non-credit Course Application and Registration

Application Information:

Legal Last Name	Legal First Name	Middle Name	Previous Name
Street Address		City	State Zip Code
Primary Phone: <input type="checkbox"/> Hm <input type="checkbox"/> Cell <input type="checkbox"/> Wk		Alternate Phone: <input type="checkbox"/> Hm <input type="checkbox"/> Cell <input type="checkbox"/> Wk	Email Address

Birthdate (MM/DD/YY, <i>Optional</i>) Ethnicity and Race (<i>Optional</i>) Ethnicity: Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No Race: Select one or more. <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White Gender (<i>Optional</i>) <input type="checkbox"/> Female <input type="checkbox"/> Male Citizenship status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident/Resident Alien (attach copy of I-551 card) <input type="checkbox"/> Refugee/Asylum Status (attach proof of status) <input type="checkbox"/> International Student (contact Admissions Office)	Current/Last high school attended: Michigan high school name <input type="checkbox"/> Adult education <input type="checkbox"/> Home schooled <input type="checkbox"/> Out-of-state <input type="checkbox"/> International Year you received or expect to receive your high school diploma or GED: _____ Military status <input type="checkbox"/> Active military <input type="checkbox"/> Active reserved military <input type="checkbox"/> Previously served military <input type="checkbox"/> Have not served in the military Enrollment status <input type="checkbox"/> Still attending high school <input type="checkbox"/> First time in any college <input type="checkbox"/> 1st time at KVCC, have attended college <input type="checkbox"/> Returning KVCC student Parent's education level Please indicate the highest degree earned by either of your parents. <input type="checkbox"/> None <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor or higher	Social security no. (<i>Required, USC 26 sec.6109, 6050S</i>) Public school district residence Have resided in Michigan for six months, and within the KVCC district for 30 days in the district below: <input type="checkbox"/> Climax-Scotts <input type="checkbox"/> Mattawan <input type="checkbox"/> Comstock <input type="checkbox"/> Parchment <input type="checkbox"/> Galesburg-Augusta <input type="checkbox"/> Portage <input type="checkbox"/> Gull Lake <input type="checkbox"/> Schoolcraft <input type="checkbox"/> Kalamazoo <input type="checkbox"/> Vicksburg <input type="checkbox"/> Out-of-District; have resided in Michigan for six months <input type="checkbox"/> Out-of-State; have not resided in Michigan for six months <input type="checkbox"/> International Student, non-immigrant visa Education completed <input type="checkbox"/> Still attending high school <input type="checkbox"/> 2 - 4 yrs of college <input type="checkbox"/> High school graduate/GED <input type="checkbox"/> 4 yr college degree <input type="checkbox"/> Non-high school graduate <input type="checkbox"/> More than 4 yrs of college <input type="checkbox"/> Associate degree or less; indicate which college level classes you have completed with grades of 2.0/C or better: <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> Neither
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I certify the answers I have provided are correct and complete.
 I agree to abide by the regulations of Kalamazoo Valley.

Applicant's Signature

Date

Registration Information:

CRN	Course No.	Title	Dates	Days	Time	Room	Fees

Completed Registration form and payments should be returned to The Groves, 7107 Elm Valley Drive, Kalamazoo MI 49009

Payment Information: (office use only)

Date: _____ <input type="checkbox"/> Cash Amount _____ <input type="checkbox"/> Check Amount _____ <input type="checkbox"/> Credit Amount _____ <input type="checkbox"/> Other Amount _____ <input type="checkbox"/> Deposit <input type="checkbox"/> Payment	Date: _____ <input type="checkbox"/> Cash Amount _____ <input type="checkbox"/> Check Amount _____ <input type="checkbox"/> Credit Amount _____ <input type="checkbox"/> Other Amount _____ <input type="checkbox"/> Deposit <input type="checkbox"/> Payment	Date: _____ <input type="checkbox"/> Cash Amount _____ <input type="checkbox"/> Check Amount _____ <input type="checkbox"/> Credit Amount _____ <input type="checkbox"/> Other Amount _____ <input type="checkbox"/> Deposit <input type="checkbox"/> Payment
Received by: _____	Received by: _____	Received by: _____

Notes:

Program codes: UNDC for career academies, CD for all other classes

Processed in Admissions, Registration and Records

V Initials: _____ Date: _____

Processed in Financial Services

Receipt #: _____ Initials: _____ Date: _____

February 2014