

Non-Credit Application for Admission Virginia Highlands Community College P.O. Box 828, Abingdon, VA 24212-0828 Phone (276) 739-2590, Fax (276) 739-2590

Prefix (2. Social Security 3. Former Name: 4. Date of Birth:	(Mr., Mrs.) First Number: First	Full Mia		Last			
3. Former Name:		***					Suffix (Jr.,
	First			ee privacy st \dmissions/R			obtained in the
4. Date of Birth:		Full Mic	ddle		Last	0.23.3.3.3.3.3.3.2.2.4.3.3.3.2.2.4.3.3.3.3	managed and the speeds
	(Month)	(Day) (Year)	Sali-removement				
5. Have you previ	ously attended, appl	ied for admission to, or	r been employed by a	ny Virginia C	ommunit	y College?	Yes 1
	know your Student I Io you plan to attend	D/EMPLID, please pro	vide: If the college has more to attend).	han one camp	us, if know	rn, please indic	cate the campus you
7. Primary Phone	(include area code)	: () -	Ext				
8. Mailing Address							
And the second s	(Str	eet Address)	(City)	i	State)	(ZIP)	(Country, if not US
2. Emergency Co	ntact Information:	First Name	Last Name			Relationship	Phone Number
13. Employer		() () () ()	Business Phone	ə: ˈ(<u>)</u>	in .	E	Ext.
4. Ethnicity:	American Indian/Al Hispanic/Latino	askan Native	, 101011	Black/African Native Hawa		n r Pacific Islar	nd
	☐ No Military Se		☐ Dependent☐ Veteran/VA Inel		Active Du Veteran	lty Branch	Active Reserv
16. Military Status:	☐ Inactive Rese	rves Retired			Date:		
pplicant's Signat his institution promoi de occupational qual	Inactive Reservers: tes and maintains educification), handicap, na (276) 739-2473. e of birth, sex, and ra-	rves Retired ational opportunities with tional origin or other non- ce information are used Class Number	merit factors. For furthe	g, and manag	ontect the	msuudonai A	ds.
□ 5. Gender: □ N	//ale ☐ Female	rvice Spouse	☐ Dependent	<u> </u>	Active Du Veteran Date:	ity	

