Supervisor Bootcamp

YOU COULD RECEIVE UP TO $1,000 TOWARDS THE COST OF TUITION...

» if you received your GED after June 30, 2009
» if you are enrolled in a career development, non-credit workforce class
» if you are a Virginia resident

Supervisor Bootcamp will consist of the following:
» Supervisory Training
  July 27-August 31
  Mondays 6-9 PM
» Introduction to Microsoft Office
  September 14-28
  Mondays 4:00 - 8:30 PM
» Intermediate Microsoft Office
  October 5-19
  Mondays 4:00 - 8:30 PM

Class Locations
Supervisory Training - 13 Fincastle Hall
Microsoft Office Classes - 217 Grayson Hall
Cost: $1,000 for all 3 classes

Questions?
Contact Brinda Browning at (276) 223-4712 or bbrowning@wcc.vccs.edu

Wytheville Community College does not discriminate on the basis of race, sex, color, national origin, religion, sexual orientation, gender identity, age, political affiliation, genetics, veteran status, or disability when the person is otherwise qualified in its educational programs and activities or employment. The following person has been designated to handle inquiries regarding the non-discrimination policies: Crystal Cregger, Vice President of Finance and Administrative Services, 215 Bland Hall, 1000 East Main Street, Wytheville VA 24382, 276-223-4762. For further information, call 1-800-421-3481 for the address and phone number of the enforcement office that serves your area.
Name ________________________________________________________________

Prefix : (Mr., Mrs.)        First   Full Middle   Last  Suffix (Jr., Sr.)

Social Security Number: - -  See privacy statement, which may be obtained in the Admissions/Records Office.

Former Name __________________________________________________________________________________________________

First    Full Middle    Last

Date of Birth:________ /_______ / ________ Have you received a GED since 6/30/2009? Yes □ No □

(Month)         (Day)          (Year)

Have you previously attended, applied for admission to, or been employed by any Virginia Community College?  Yes □ No □

If yes and you know your Student ID/EMPL ID, please provide: _________________________________

What campus do you plan to attend (if known)? ________________________________

Primary Phone (include area code): (______)____________-____________ Ext. _______

Mailing Address ____________________________________________________________

(Street Address)      (City)  (State) (Zip) (Country, if not USA)

Current residence: ___________________________ (City/County) Provide what you consider to be your location of residence.

Have you lived in Virginia for the last 12 months? Yes □ No □ If no, where else did you live: _________________________________

(U.S State or foreign country)

VISA Type _______________________________   VISA Expiration Date __________________________

Email Address ________________________________________________

Emergency Contact Information _____________________________________________

First Name   Last Name   Relationship  Phone

Employer Name & Address ________________________________________________

Business Phone(____)________-_________  Ext. _________Employer E-mail address_____________________________________________

Ethnicity    American Indian/Alaskan Native         Asian Black/African American

Hispanic/Latino           White             Nati  ve Hawaiian/Other Pacifi  c Island

Gender       Male            Female


□ Alien temporary □ Not living in the U.S. □ Not indicated

Primary Language □ English □ Other

Military Status □ No Military Service □ Spouse □ Dependent □ Active Duty □ Active Reserves

□ Inactive Reserves □ Retired □ Veteran/VA Ineligible □ Veteran     Branch _______________________

Applicant’s Signature: _______________________________________________________________   Date: __________________________

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religion, gender, age (except when age is a bona fide occupational qualification), handicap, national origin or other non-merit factors. For further information, contact the Title IX Coordinator in Smyth Hall – Room 110, (276) 223-4869).

Note: Employer, date of birth, sex, and race information are used for research, reporting, and management of student records.

CLASS REGISTRATION

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<th>Title</th>
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<th>Course Number</th>
<th>Section</th>
<th>SIS Class #</th>
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