Supervisory Training

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

Questions?

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

Supervisory Training

Topics include:
» Introduction to Supervisory Development
» HR Legal Basics in the Workplace-Drug Awareness
» Coaching as a Leader
» Employee Discipline & Documentation

Class Dates
July 27 - August 31
Mondays, 6:00 - 9:00 PM

Class Location: 13 Fincastle Hall
Cost: $500
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: _________________________________
(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       Native Hawaiian/Other Pacific 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.

<table>
<thead>
<tr>
<th>CLASS REGISTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title</strong></td>
</tr>
<tr>
<td>Supervisory Training</td>
</tr>
</tbody>
</table>