**West Virginia University at Parkersburg**

Workforce & Economic Development Division

Community Education

Application for Admission

**⮚ Personal Information**

Name Date

Previous Names

Mailing Address

 City: State: County: Zip:

Permanent Address

 City: State: County: Zip:

Email Phone

 SSN Birth Date Gender: 🞎 M 🞎 F

Residency: 🞎 West Virginia 🞎 Out of State - If West Virginia Resident, how long?

Are you a United States Citizen? 🞎 Yes 🞎 No - If No, what type of Visa do you hold?

Are you Hispanic/Latino: 🞎 Yes 🞎 No Please select one or more races 🞎 Black or African American

🞎 Native Hawaiian or Pacific Islander 🞎 American Indian/Alaskan Native 🞎 Asian 🞎 White

Have you attended WVUP previously? 🞎 Yes 🞎 No - If Yes, when did you last attend WVUP?

Prior level of Education: Some college 🞎 Associates Degree 🞎 Bachelor’s Degree 🞎 Grad/Prof Degree 🞎

Have you ever served in the U.S. Armed Forces? 🞎 Yes 🞎 No

I consent for use of any self-image or testimonial quote to be used in media, electronics, photographs, video or audio in a manner deemed appropriate for educational, instructional and institutional advancement of WVU-Parkersburg, without claim against WVU-Parkersburg.

**⮚ Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**⮚ Name of Class?**

**⮚ PAYMENT MUST ACCOMPANY REGISTRATION.**

🞎 Please find enclosed, check number

🞎 Credit Card: 🞎 Visa 🞎 Mastercard 🞎 Discover 🞎 Other

Card # Exp Date Name on Card

Billing Zip Code 3 Digit CVV (back of card)

**WVUP/Business Office, 300 Campus Drive, Parkersburg WV 26104.**

**Please make checks out to WVUP.**

**Fax 304-424-8317**

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