

Send application to:

Registrar's Office
Richard Bland College
11301 Johnson Road
Petersburg, VA 23805
Questions: 804-862-6185

RICHARD BLAND COLLEGE
of the College of William and Mary
Registration Form
TEACHER RECERTIFICATION

Name _____ Soc. Sec. No. _____
(Last) (First) (Middle)

Address _____ Home Phone _____
(City) (State) (Zip Code) Work Phone _____

Date of Birth _____ City/State of Birth _____ Email: _____

Country of Citizenship _____ If Non-US Citizen, give VISA Type _____

Father's Name _____ Mother's Maiden Name _____

RACE/ETHNIC AND SEX IDENTIFICATION			
This information is solely for determining compliance with federal civil rights laws, and your response will not affect consideration of your application.			
Gender:	___ Female	___ Male	
Marital status:	___ Single	___ Married	
Ethnic Identity (optional):	Are you Hispanic or Latino? ___ Yes ___ No		
Select all Races that Apply	___ American Indian or Alaska Native	___ Asian	___ Native Hawaiian or Other Pacific Islander
	___ Black or African American	___ White	___ Race Unknown

High School you attended _____ Last name at H.S. Graduation _____ Graduation Date _____

Location (City/State) of High School _____

If you received a G.E.D., indicate date/place received _____

Last college you attended _____

Name of College Location Last Date Attended
Have you previously attended Richard Bland College? Yes No **If yes, what date did you last attend?** _____

Other name(s), if any, under which you may have been enrolled _____

School District in which you teach: _____ School: _____ Grade Level: _____

I certify that all of the information I provided on this application is true and accurate to the best of my knowledge. I also certify that I have read and that I understand all the rules and regulations as published in the Richard Bland College Catalogue, including the statement on The Honor System, and I agree to comply with and to be governed by them and by all officially announced changes.

Signature _____

Date _____

Term and Year you wish to enter RBC:	<input type="checkbox"/> Fall 20____	<input type="checkbox"/> Spring 20____	<input type="checkbox"/> Summer 20____
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NOTE:

To better serve you when completing the course information required below, please refer to our website www.rbc.edu then, find the link "COURSE SCHEDULE" to locate course(s) information. Also, students should refer to the course schedule (www.rbc.edu) to determine the required tuition. Please include tuition with this application. Seating in each class is limited and enrollment will be on a first-come, first-serve basis as applications and tuition are received by Richard Bland College.

***Refer to the RBC Catalog (<http://www.rbc.edu/catalog.php>) to determine if the class(es) you wish to take require prerequisites.**

If so, you must provide a transcript (unofficial acceptable) from your former institution showing those prerequisites have been completed before your application will be processed.

Course Subject	No/Sec	CRN #	Dates of Class	Time	Days	Credits	Tuition

Make check/money order payable to Richard Bland College. NOTE to Teachers registering for a **Pamplin Historical Park Institute** course – **Check Course Schedule for Tuition**. VISA/MasterCard/DISCOVER accepted *after* the application has been processed – Card number may be called in to the Cashier's Office at 804-862-6248 or 804-862-6213. Applicants whose applications include tuition and fees (checks/money orders) will be added to the rosters first. (Total)

Richard Bland College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Richard Bland College.

Richard Bland College is an Equal Opportunity Institution. In keeping with this policy, the College makes no distinction in the admission of students or in any other of its official activities on the basis of race, color, sex, age, religion, handicap, or national origin: All standards of the College, including those governing student employment and financial aid are applied accordingly.

Richard Bland College In-State Tuition Application: SIDE A

MUST BE COMPLETED IN INK by the Applicant

Pursuant to Section 23-7.4 of *The Code of Virginia*, applicants must complete this form as well as the Supplemental In-State Residency Information Form. Failure to do so will result in automatic assignment of out-of-state tuition rates.

Applicant's Legal Name: _____ Social Security Number _____

EVERY APPLICANT MUST COMPLETE SIDE A. IF A BOX IS NOT CHECKED, YOUR ANSWER IS ASSUMED TO BE "NO."

IF YOU DO NOT CHECK "YES" TO ANY OF THE FOLLOWING QUESTIONS, then your parent or legal guardian must complete the Supplemental In-State Residency Form (side B). Your parent or legal guardian's signature is required for the Supplemental Residency Form to be complete.

Do any of the following characteristics apply to you? (Please place an "X" in the appropriate boxes.)

- Yes.....I will be age 24 or older before the first day of classes.
- Yes.....I am a veteran of the United States Armed Forces.
- Yes.....I will be enrolled in a graduate or professional program (beyond a Bachelor's).
- Yes.....I am married.
- Yes.....I am an orphan or a ward of the court, or I was a ward of the court until age 18.
- Yes.....I do have legal dependents (other than spouse).
- Yes.....I can present clear and convincing evidence that I am self-sufficient.

If you answer "YES" to EITHER question at the right, then your spouse must complete the Supplemental In-State Residency Form (side B). Your spouse's signature is required for the Supplemental In-State Residency Form to be complete.

- Yes.....I am married and wish to claim eligibility for in-state tuition rates based on my spouse's domicile.
- Yes.....My spouse provides over 50 percent of my financial support.

For the applicant, how long have you lived in Virginia? _____ What is your present city or county of residence? _____

Are you a citizen of the United States? _____ If you are a non United States citizen, please indicate your type of VISA _____

Where have you lived for the past two years? List all addresses beginning with the most recent.

From (mm/yy)	To (mm/yy)	Street Address	City	State	Zip Code
___/___	___/___	_____	_____	_____	_____
___/___	___/___	_____	_____	_____	_____

Do any of the following characteristics apply to you? (Please place an X in appropriate boxes.)

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No My legal guardian/spouse provides 50 % of my financial support. | <input type="checkbox"/> Yes <input type="checkbox"/> No I owned or operated a motor vehicle during the past year. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No For at least one year prior to the term in which I will enroll at Richard Bland College, I have been employed. | <input type="checkbox"/> Yes <input type="checkbox"/> No I have filed taxes to another state. (Please indicate the state to which you paid taxes.) _____. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No For at least one year prior to the term in which I will enroll at Richard Bland College, I have filed a tax return or paid income taxes to Virginia on all earned income. | <input type="checkbox"/> Yes <input type="checkbox"/> No I am a registered voter in another state. (Please give the name of that state.) _____. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I am a registered voter in Virginia. | <input type="checkbox"/> Yes <input type="checkbox"/> No I do not have a valid Virginia driver's license. I have a driver's license from the state of _____. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No I have a valid driver's license in the state of Virginia. | <input type="checkbox"/> Yes <input type="checkbox"/> No I did not own or operate a motor vehicle in this state, but I did have a motor vehicle registered in the State of _____. |

Military Service: [If you answer YES to any question below, the following documents must be submitted to the Registrar's Office along with this application before it can be processed.] Copies of (1.) Leave & Earnings Statement; (2.) Orders; and (3.) Student (dependent) military ID front & back.

- Yes No I am a member of the United States Armed Forces at the present time.
- Yes No My legal guardian/spouse is presently a member of the United States Armed Forces.
- Yes No **I have attached a copy of the most recent Leave and Earnings Statement from the person who is a member of the US Armed Services.**
- Yes No Virginia income taxes have been paid on all military income for one year prior to the term in which I will be enrolled.
- Yes No My legal guardian/spouse is in the military. I have resided in Virginia, been employed, earned income that equates to 50 weeks x 40 hours each week X current minimum wage and paid income taxes to Virginia for at least one year prior to the term in which I will be enrolled.
- Yes No I/ my legal guardian/spouse have/has changed his/her state of legal residence to Virginia effective on this date _____.
I have attached a copy of the military orders or other military-acknowledged documentation, which verifies this change.

Answer this question only if you live outside Virginia but work in Virginia:

- Yes No I have lived outside Virginia, worked in Virginia, earned income that equates to 50 weeks X 40 hours each week X current minimum wage, and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which I will enroll.

I certify that the above statements are true and correct to the best of my knowledge.

Applicant's Signature _____

Date _____

(This form is not complete without a signature.)

(TCH-RECERT)

ONLY COMPLETE THIS FORM
IF SOMEONE PROVIDES MORE THAN 50% OF YOUR FINANCIAL SUPPORT
 Richard Bland College Supplemental In-State Residency Form: SIDE B
 MUST BE COMPLETED IN INK by the Legal Guardian/Spouse

Applicant's Legal Name: _____ Applicant's Social Security Number: _____

Name of , legal guardian/spouse: _____

Relationship to applicant: _____

How long have you lived in Virginia? _____

Are you a citizen of the United States? _____ If you are a non United States citizen, please indicate you type of VISA: _____

What is your present city or county of residence? _____

Where have you lived for the past two years? List all addresses beginning with the most recent.

From (mm/yy)	To (mm/yy)	Street Address	City	State	Zip Code
____/____	____/____	_____	_____	_____	_____
____/____	____/____	_____	_____	_____	_____

Do any of the following characteristics apply to you? (Please place an X in appropriate boxes.)

- Yes No I have claimed the applicant as a dependent on my federal & Virginia income taxes for the tax year prior to the term in which the applicant will enroll.
- Yes No I have provided more than 50 percent of the applicant's financial support for at least one year prior to the term in which the applicant will enroll.
- Yes No For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have been employed.
- Yes No For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have filed a tax return or paid income taxes to Virginia on all earned income.
- Yes No I filed taxes to another state: _____
- Yes No I am disabled. (Document indicating income from disability **is required** to be submitted along with this application before it can be processed.)
- Yes No I have a valid Virginia driver's license
- Yes No I am/was on public assistance. (Document indicating income from public assistance **is required** to be submitted along with this application Before it can be processed.)
- Yes No For at least one year prior to the term the applicant will enroll at Richard Bland College, I have owned or operated a motor vehicle in Virginia.
- Yes No Other (Please explain): _____

Military Service: (If you answer **YES** to any question below, the following documents **are required** and must be submitted to the Registrar's Office along with this application before it can be processed.) Copies of (1.) Leave & Earnings Statement; (2.) Orders; and (3.) Student (dependent's) military ID front & back.

- Yes No I am a member of the United States Armed Forces at the present time.
- Yes No My legal guardian/spouse is presently a member of the United States Armed Forces.
- Yes No **I have attached a copy of the most recent Leave and Earnings Statement from the person who is a member of the US Armed Services.**
- Yes No Virginia income taxes have been paid on all military income for one year prior to the term in which I will be enrolled.
- Yes No My legal guardian/spouse is in the military. I have resided in Virginia, been employed, earned income that equates to 50 weeks 40 hours each week X current minimum wage and paid income taxes to Virginia for at least one year prior to the term in which I will be enrolled.
- Yes No I/ my legal guardian/spouse have/has changed his/her state of legal residence to Virginia effective on this date _____.
- Yes No **I have attached a copy of the military orders or other military-acknowledged documentation, which verifies this change.**

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- Yes No I have lived outside Virginia, worked in Virginia, earned income that equates to 50 weeks X 40 hours each week X current minimum wage, and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which I will enroll.

I certify that the above statements are true and correct to the best of my knowledge.

Signature of legal guardian/ spouse

Date

(This form is not complete without a signature.)

(TCH-RECERT)

THE LEGAL GUARDIAN/SPOUSE WHO PROVIDES MORE THAN 50% OF FINANCIAL SUPPORT FOR THE APPLICANT MUST SIGN THIS DOCUMENT.

Richard Bland College

of

The College of William and Mary

Certificate of Eligibility

This form must accompany the Registration Form

Last Name

First Name

Middle Name

Date of Birth: _____

SSN: __ __ __ - __ __ - __ __ __ __

- I am a high school graduate or have received a G.E.D.
- I am eligible to return to all the colleges I previously attended.
- I am NOT eligible to return to *all* the colleges I previously attended.
(Conference with Provost required)

Conditions of Enrollment: _____

Student's Signature

Date

Provost's Signature

Date

(TCH-RECERT)