



Registrar's Office
Richard Bland College
8311 Halifax Road - Petersburg, VA 23805
804-862-6100 – Ext. 9801 FAX – 804-862-6189

TEACHER RECERTIFICATION

Term _____
Fall, Spring, Summer (Year)

Name _____ Soc. Sec. No. _____
(Last) (First) (Middle)
Address _____ Home Phone _____
(City) (State) (Zip Code) Cell 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: _____
Phone number of your school: _____

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: ☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

NOTE:

When completing the course information required below, refer to the RBC website www.rbc.edu - Enter *Class Schedule* in the search box, then select the term to locate course information. For tuition information, search *Tuition*, select *Tuition and Housing Rates*. 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. Applicants whose applications include tuition and fees (checks/money orders) will be added to the rosters first.

Prerequisites - Refer to the RBC Catalog to determine if the class(es) you wish to take require prerequisites. If you completed the prerequisite at another college, you must provide a transcript (unofficial acceptable) from that institution can be added to the class.

Course Subject	No/Sec	CRN #	Dates of Class	Time	Days	Credits	Tuition
Make check/money order payable to Richard Bland College. VISA/MasterCard/DISCOVER accepted <i>after</i> the application has been processed – Card number may be called in to the Cashier's Office at 804-862-6100, Ext 9092 or Ext. 6248. <u>Applicants whose applications include tuition and fees (checks/money orders) will be added to the class rosters first.</u>							(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.)

- ☐ Yes ☐ No My legal guardian/spouse provides 50 % or more of my financial support.
- ☐ Yes ☐ No For at least one year prior to the term in which I will enroll at Richard Bland College, I have been employed.
- ☐ Yes ☐ 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.
- ☐ Yes ☐ No I am a registered voter in Virginia.
- ☐ Yes ☐ No I have a valid driver's license in the state of Virginia.

- ☐ Yes ☐ No I owned or operated a motor vehicle during the past year.
- ☐ Yes ☐ No I have filed taxes to another state. (Please indicate the state to which you paid taxes.) _____.
- ☐ Yes ☐ No I am a registered voter in another state. (Please give the name of that state.) _____.
- ☐ Yes ☐ No I do not have a valid Virginia driver's license. I have a driver's license from the state of _____.
- ☐ Yes ☐ 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.) *Copy front & back of Student (dependent's) military ID*

- ☐ 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
-----------------	---------------	----------------	------	-------	----------

____/____	____/____	_____	_____	_____	_____
-----------	-----------	-------	-------	-------	-------

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

- | | |
|--|--|
| <p><input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No For at least one year prior to the term in which the applicant will enroll at Richard Bland College, I have been employed.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I have a valid Virginia driver's license</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No I filed taxes to another state: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I am disabled. (<i>Document indicating income from disability is required to be submitted along with this application before it can be processed.</i>)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I am/was on public assistance. (<i>Document indicating income from public assistance is required to be submitted along with this application Before it can be processed.</i>)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Other (Please explain): _____</p> |
|--|--|

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.

- | | |
|--|--|
| <p><input type="checkbox"/> Yes <input type="checkbox"/> No I am a member of the United States Armed Forces at the present time.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No My legal guardian/spouse is presently a member of the United States Armed Forces.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Virginia income taxes have been paid on all military income for one year prior to the term in which I will be enrolled.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> 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.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No I/ my legal guardian/spouse have/has changed his/her state of legal residence to Virginia effective on this date _____.</p> <p>I have attached a copy of the military orders or other military-acknowledged documentation, which verifies this change.</p> | |
|--|--|

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.

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

<hr/>	<hr/>	<hr/>
<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>

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: _____

<hr/>	<hr/>	<hr/>	<hr/>
Student's Signature	Date	Provost's Signature	Date