

# Community College Enrollment Hours Report

Provider Name: Victor Valley College

Provider Address: 18422 Bear Valley Road

City/State/Zip Code: Victorville, CA 92395-5850

Phone Number: (760)245-4271 Ext. 2592

ESS Worker Name: \_\_\_\_\_

Report Month: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Case Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Enter all courses taken, units, days and hours for the course, start date, end date, and enrollment status. **Total hours per month is a required entry.**

Course	Units	Days	Hours	Start Date	End Date	Enrollment Status
<b>Total Hours</b>						

\_\_\_\_\_  
**CalWORKs Coordinator or Authorized College Staff Member Name**

\_\_\_\_\_  
**CalWORKs Coordinator or Authorized College Staff Member Signature**

Date

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