Victor Valley College
Admissions and Records Office
Non-Credit Registration

20____
☐ Winter ☐ Spring
☐ Summer ☐ Fall

Student Name_____ **ID#** _____
Last **First** **MI**

Address _____ **Phone No.** _____

City _____ **State** _____ **Zip Code** _____

From the schedule of classes, please provide all information requested.

Section #	COURSE NAME	Starting Date	INSTRUCTOR

Check appropriate box for following: Have you been in continuous residence in the State of California for more than one year:
☐ Yes ☐ No
Date Residence began in California: _____
Month/Day/Year

_____ _____
Student Signature Date

For Office Use Only

Received By _____
Date _____

Rev. 02/20/17