



AGREEMENT FOR OPEN ENROLLMENT PARTICIPATION IN THE WORKFORCE CREDENTIAL GRANT

Today's Date:		
l,	, am enrolling in:	, as part of the New
	ential Grant Program (WCG). As a condition to re	
FOR STUDENTS RESPO	NSIBLE FOR PAYING FOR THEIR COURSE:	
If I do not successfully cor	nplete the course by earning an "S" grade within	n thirty (30) days of the course end date, I
agree to pay an additiona	l 1/3 of the total course cost to:	Community College. If I
earn an "S" grade within t College for this course.	hirty (30) days of the program end date, I will no	ot have any further financial obligations to the

- A. I agree that I must pay all the money I owe to the College, although there may be reasons under the law that
 - would reduce the amount that I owe. I also agree not to claim that I do not owe the money to the College. This means that homestead and all other exemptions, presentations, demand, protest and notice of dishonor are hereby waived by the undersigned.
 - B. If the College does not receive payment within the timeframe noted in the College policy, I understand and agree that the Commonwealth will take all actions, including debt set-off, to collect the money I owe to the College.
 - C. I also agree to pay all associated collection costs and/or attorney's fees if necessary to collect the money I owe to the College.

FOR STUDENTS WHOSE COMPANY IS PAYING FOR THEIR COURSE:

If I must pay an additional amount, I understand and agree to the following terms:

I understand in the case where the College has an agreement with my employer and/or sponsor covering my specific participation in this New Economy Workforce Credential Grant Program (WCG) course, I will not be responsible for the additional 1/3 of the total course cost should I not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. I acknowledge and understand that I may owe my employer and/or sponsor the additional 1/3 of the total course cost under a separate agreement or other arrangement if I do not successfully complete the course. I further acknowledge and understand that the College will bill my employer and/or sponsor the additional 1/3 of the total cost if I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. Accordingly, I hereby consent to the disclosure of my final grade to my employer and/or sponsor if it is necessary for the College to receive the final 1/3 of the total course cost or for any other legitimate educational reason related to the WCG course.

FOR ALL STUDENTS:

1. I understand the purpose of the WCG is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure. Therefore, I agree to seek the applicable credential or licensure associated with my program whether it is incorporated into the program cost or requires me to obtain the credential or licensure

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at an additional cost. I also agree to provide proof of my satisfactory completion of that credential or licensure to the College.

- 2. I understand that my social security number is required in order to maintain enrollment in this class. My social security number is being collected in accordance with federal and state law, and to claim the tax refund and other applicable state refunds and payments in cases where I must pay the College; for debtor information and skiptracing; and to track and report the number of students who attain noncredit workforce credentials and other outcomes under this WCG.
- 3. I am 18 years or older. If I am under 18 years old, a parent or legal guardian has completed this agreement on my behalf.
- 4. By reading and responding to the following questions, I will agree to the above terms and conditions of this agreement. I understand that I may sign this agreement by hand and may do so by contacting the College.
- 5. I agree to the withdrawal, refund, repeat, completion, and non-completion procedures at the College.
- 6. I understand that I may file a complaint(s) using the procedures established by the College.
- 7. Virginia "domicile" means that you have lived in Virginia and intended to stay here indefinitely for at least one year prior to the date of this application. I understand that I must be domiciled in Virginia to receive the discount applied to this course. If I do not have domicile in Virginia, I will pay the full cost of the course, which is equal to three times the amount paid at initial enrollment.
- 8. I have not previously enrolled in and successfully passed this training program at a Virginia Community College. If I have previously enrolled in and successfully passed this training program at a Virginia Community College, I understand that I am not eligible to receive WCG funding for this training program and agree to pay an additional 2/3 of the total course cost to the community college where I am now enrolling.

PLEASE RESPOND WITH YOUR INITIALS AS INDICATED:

Parent/Guardian Signature	Name (please print)	Date		
Signature	Name (please print)	Date		
D. I agree to sign the agree	ment electronically. Type your initials here:			
C. I understand that I have	the option to sign this document by hand. Type γ	your initials here:		
B. I agree to the above terr	B. I agree to the above terms and conditions of the agreement. Type your initials here:			
A. I have read and understa	I have read and understand the terms and conditions of the agreement. Type your initials here:			

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