

**VIRGINIA BASEBALL COACHES ASSOCIATION  
CONVENTION 2020  
RECERTIFICATION CREDIT REQUIREMENTS**

Course Number: [Coaching for Coaches – CRN# – 12001](#)

Course Title: VBCA Convention 2020  
Coaching for Coaches

Course Cost: VBCA Member \$175

Credit: 3 Hours, Graduate Level

Course Description: The Virginia Baseball Coaches Association annual convention provides presentations, lectures, panel discussions, question and answer sessions, and demonstrations in injury prevention, physical conditioning, practice organization and instruction in baseball skills, strategy and player development and evaluation with its primary focus directed to the development of baseball coaches at any level of amateur baseball.

Course Requirements:

1. Attend 50% of the Convention presentations including breakout sessions.
2. List presentations attended.
3. Submit a synopsis of the main theme or takeaways from five (5) of the presentations attended.

Papers must be submitted (preferably typed) by February 1<sup>st</sup>, 2020 for Spring 2020 semester credit to:

Mr. Kevin Marrow  
Hampton University  
University College  
P.O.Box 6162  
Hampton, Va. 23668

Convention Dates and Location: January 9<sup>th</sup> – 11th, 2020, Kingsmill Resort, Williamsburg, VA

**APPLICATION, PAPER AND PAYMENT SUBMITTED TOGETHER TO ABOVE BY FEBRUARY 1<sup>ST</sup>, 2020.**

**\$10 for additional transcript, \$50 for expedited transcript.**

**Check made payable to Hampton University. Preferred delivery via UPS, Fedex or USPS Priority mail to insure prompt delivery.**



**APPLICATION FOR SPECIAL GRADUATE ADMISSION  
HAMPTON UNIVERSITY – P. O. BOX 6162 - HAMPTON, VIRGINIA 23668**

**PERSONAL DATA**

LEGAL NAME \_\_\_\_\_  
LAST FIRST MIDDLE (COMPLETE) JR, ETC

SOCIAL SECURITY NUMBER \_\_\_\_\_

GENDER  MALE  FEMALE DATE OF BIRTH: (MM/DD/YY) \_\_\_\_\_

LOCAL ADDRESS (NUMBER AND STREET): \_\_\_\_\_

\_\_\_\_\_  
CITY OR TOWN STATE COUNTRY ZIP CODE

PERMANENT HOME ADDRESS (for Billing, Financial Aid, and Residency purposes):

\_\_\_\_\_  
NUMBER AND STREET

\_\_\_\_\_  
CITY OR TOWN STATE COUNTRY ZIP CODE

LOCAL TELEPHONE ( ) \_\_\_\_\_ WORK TELEPHONE ( ) \_\_\_\_\_

CELL PHONE NUMBER ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT (NAME) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ PHONE NUMBER ( ) \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY  YES  NO

**If "YES", please provide the date(s) and specific circumstances on a separate page to be submitted with your application.**

ARE YOU A U.S. CITIZEN  YES  NO IF "NO" INDICATE VISA TYPE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

U.S. PERMANENT RESIDENT NUMBER: \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_

| <b>MARITAL STATUS</b> <i>(Circle Below)</i>  | <b>RELIGION</b> <i>(Circle Below)</i>  | <b>ETHNICITY</b> <i>(Circle Below)</i>   |
|--|--|--|
| <b>S</b> -SINGLE<br><b>M</b> -MARRIED<br><b>D</b> -DIVORCED<br><b>W</b> -WIDOWED<br><b>P</b> -SEPARATED<br><b>T</b> -OTHER | <b>BP</b> -BAPTIST<br><b>RC</b> -CATHOLIC<br><b>EP</b> -EPISCOPAL<br><b>IS</b> -ISLAM<br><b>JE</b> -JEWISH<br><b>LU</b> -LUTHERAN<br><b>PT</b> -PROTESTANT<br><b>NO</b> -NONE<br><b>O</b> -OTHER | <b>2</b> - BLACK, NON-HISPANIC<br><b>3</b> – AMERICAN INDIAN/ALASKAN NATIVE<br><b>4</b> – ASIAN OR PACIFIC ISLANDER<br><b>5</b> – HISPANIC<br><b>6</b> – WHITE, NON-HISPANIC |

HAS ANY FAMILY MEMBER EVER ATTENDED HAMPTON UNIVERSITY? \_\_ YES \_\_ NO

WHO (NAME) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ WHEN? \_\_\_\_\_

**VETERAN STATUS:**  ELIGIBLE FOR BENEFITS  DEPENDENT  VET/NO BENEFITS  ELIGIBLE FOR BENEFITS BEFORE 1977  VOCATIONAL REHABILITATION  ACTIVE DUTY NOT ELIGIBLE FOR BENEFITS  N/A

**STUDENT TYPE:**  Undergraduate Major  Graduate Special Programs  Full-time  Part-Time

If not pursuing a degree:  Audit Only  Credit for Transfer to \_\_\_\_\_

Personal enrichment not linked to degree or certification

**SESSION APPLYING FOR:**  FALL I  FALL II  SPRING III  SPRING IV  SUMMER V

**ALL APPLICANTS MUST SIGN BELOW**

I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION PROVIDED HERE FOR ADMISSION WILL RESULT IN A RE-EVALUATION OF MY ADMISSION TO HAMPTON UNIVERSITY, ACCELERATED EVENING PROGRAMS, AND THAT A POSSIBLE DENIAL OF ADMISSION MAY RESULT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**HAMPTON UNIVERSITY  
UNIVERSITY COLLEGE-OFFICE OF THE REGISTRAR**

**COURSE  
REGISTRATION  
FORM**

\_\_\_\_\_  Full Time     Part Time     Graduate     Special     EArmyU

HUID# \_\_\_\_\_

\_\_\_\_\_

Last Name                      First Name                      MI                      Major

Current Address    Please check if this address is new

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Personal Pin: \_\_\_\_\_ Registration Advisement PIN: \_\_\_\_\_ Work Phone \_\_\_\_\_

Session:  Fall I     Fall II     Spring III     Spring IV     Summer V    Term Code: \_\_\_\_\_

Sample →

| CRN  | SUBJECT | COURSE # | SEC #         | LVL | CREDITS | CLASS HOURS | DAYS | LOCATION | GRADE OPTION SU/AU/RI |
|------|---------|----------|---------------|-----|---------|-------------|------|----------|-----------------------|
| 1234 | ENGL    | 101      | 45            | -   | 3       | 5:30-10:30  | 10   | HH       | -                     |
|      |         |          |               |     |         |             |      |          |                       |
|      |         |          |               |     |         |             |      |          |                       |
|      |         |          |               |     |         |             |      |          |                       |
|      |         |          |               |     |         |             |      |          |                       |
|      |         |          | Total Credits |     |         |             |      |          |                       |

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Approval, if required by Major Department \_\_\_\_\_ Date \_\_\_\_\_

**KEY:** Indicate "G" in the LVL column if you are using this for graduate credit. **GRADE OPTIONS:** SU- Satisfactory/Unsatisfactory, AU-Audit, RI-Repeat Course **LOCATIONS:** WL-Willie O. Lawton, LA-Langley, AE-Aeroscience Center, RO-Roanoke, PH-Phenix **DAYS:** M-Monday, T-Tuesday, W-Wednesday, R-Thursday, F-Friday, S-Saturday

COPIES: White-Registrar    Canary-Advisor    Pink-Student

PLEASE RETURN THIS FORM, FULLY COMPLETE AND SIGNED TO:  
OFFICE OF THE REGISTRAR  
HAMPTON UNIVERSITY

**APPLICATION FOR TRANSCRIPT:**

Requests must be made in writing by the student. Because of the confidential nature of a record, transcript by telephone will not be accepted.

All transcripts will be sent as soon as possible unless hold for normal semester grading or degree posting is marked to the right

You may also visit [www.getmytranscript.com](http://www.getmytranscript.com) to request your transcript

|  |                            |
|--|----------------------------|
| DATE OF REQUEST                                | NAME AT TIME OF ATTENDANCE |
| FULL NAME(LAST, FIRST, MIDDLE) (PRINT CLEARLY) |                            |
| CURRENT ADDRESS                                | APT. NO.                   |
| CITY   | STATE ZIP CODE             |

**SEND TRANSCRIPT TO:** (GIVE COMPLETE NAME AND ADDRESS AND PRINT CLEARLY:  
THIS IS THE ACTUAL MAILING LABEL)

|                     |
|---------------------|
| NAME                |
| ADDRESS             |
| CITY STATE ZIP CODE |

|  |  |
|--|--|
| HAMPTON UNIVERSITY ID NUMBER   | CURRENTLY ENROLLED<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| GIVE DATES OF ATTENDANCE IF NOT CURRENTLY ENROLLED<br>FROM: TO:  |  |
| PLEASE CHECK TYPE OF TRANSCRIPT NEEDED<br><input type="checkbox"/> Undergraduate <input type="checkbox"/> Professional<br><input type="checkbox"/> Graduate <input type="checkbox"/> College of continuing Education _____ |  |
| DATE TRANSCRIPTS SHOULD BE SENT<br><input type="checkbox"/> Normal Processing Time (3 Business Days)   |  |
| FOR HOLD, SUBMIT FORM NO EARLIER THAN TWO WEEKS BEFORE CLOSE OF TERM<br><input type="checkbox"/> Wait for Current Semester Grades<br><input type="checkbox"/> Wait for Currently Completed Degree                          |  |
| CHECK TYPE OF TRANSCRIPT REQUESTED<br><input type="checkbox"/> PERSONAL NO. OF COPIES _____<br><input type="checkbox"/> OFFICAL NO. OF COPIES _____  |  |
| STUDENT'S SIGNATURE<br>*ALL TRANSCRIPTS ORDERED ON THIS FORM WILL BE SENT AS SPECIFIED TO THE LEFT   |  |
| <b>FOR OFFICE USE ONLY</b>   |  |
| FEE DUE<br>\$  | CLERK  |
| AMOUNT PAID<br>\$  | DATE SENT  |