

**VIRGINIA BASEBALL COACHES ASSOCIATION  
CONVENTION 2021  
RECERTIFICATION CREDIT REQUIREMENTS**

Course Number: Coaching for Coaches – CRN# – \*\*\*\*\* (tbd)

Course Title: VBCA Convention 2021  
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>, 2022 for Spring 2022 semester credit to:

Mr. Kevin Marrow  
Hampton University  
HU-Online  
2 Eaton Street  
Hampton, Va. 23668

Convention Dates and Location: December 9<sup>th</sup> – 11<sup>th</sup>, 2021, Tuckahoe Sports Inc., Richmond, VA

**APPLICATION, PAPER AND PAYMENT SUBMITTED TOGETHER TO ABOVE BY FEBRUARY 1<sup>ST</sup>, 2022.  
Check made payable to Hampton University-HU-Online.**

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

## APPLICATION FOR SPECIAL GRADUATE ADMISSION

The College of Continuing Education

HAMPTON UNIVERSITY

HAMPTON, VA 23668

PLEASE TYPE OR PRINT ALL ANSWERS

LAST NAME FIRST MI

SEX  MALE  FEMALE SOCIAL SECURITY NO. DATE OF BIRTH

**CURRENT MAILING ADDRESS** **PERMANENT MAILING ADDRESS**

STREET ADDRESS APT. NO. STREET ADDRESS APT. NO.

CITY STATE ZIP CODE CITY STATE ZIP CODE

HOME PHONE WORK PHONE HOME PHONE WORK PHONE  
 ( ) ( ) ( ) ( )

TERM APPLYING FOR: FALL SEMESTER SPRING SEMESTER SUMMER  
 (CIRCLE ONE) SESSION 1 OR 2 SESSION 3 OR 4 SESSION 5

*The demographic information collected on this form will allow Hampton University to conduct student enrollment surveys pertaining to ethnicity, sex and citizenship among members of its student body in accordance with Title VI of the Civil Rights Act of 1964. This information in no way affects admission to Hampton University nor will information be released outside the University without the written permission of the student. Your cooperation is appreciated.*

- |   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>RACE</b>                                   | <b>RELIGION</b>                          | <b>MARITAL STATUS</b>              | <b>VETERAN STATUS</b>  |
| <input type="checkbox"/> African-American (B) | <input type="checkbox"/> RC - Catholic   | <input type="checkbox"/> Single    | <input type="checkbox"/> ME - Elig. for Benefits                   |
| <input type="checkbox"/> Caucasian (W)        | <input type="checkbox"/> PR - Protestant | <input type="checkbox"/> Married   | <input type="checkbox"/> DP - Dependent                            |
| <input type="checkbox"/> Native American (I)  | <input type="checkbox"/> NC - None       | <input type="checkbox"/> Divorced  | <input type="checkbox"/> VN - Vet/No Benefits                      |
| <input type="checkbox"/> Hispanic (H)         | <input type="checkbox"/> JE - Jewish     | <input type="checkbox"/> Widowed   | <input type="checkbox"/> VE - Elig. for Benefits-svc before 19**   |
| <input type="checkbox"/> African (A)          | <input type="checkbox"/> IS - Islam      | <input type="checkbox"/> Separated | <input type="checkbox"/> VR - Voc. Rehab.                          |
| <input type="checkbox"/> Asian/Oriental (O)   | <input type="checkbox"/> LU - Lutheran   |                                    | <input type="checkbox"/> MN - Active Duty - Not Elig. for Benefits |
| <input type="checkbox"/> Other (X)            | <input type="checkbox"/> EP - Episcopal  |                                    |  |
|   | <input type="checkbox"/> BT - Baptist    |                                    |  |
|   | <input type="checkbox"/> O - Other       |                                    |  |

US Citizen  Yes  No If No, what country? \_\_\_\_\_ If not permanent resident give Alien Reg. # \_\_\_\_\_

Have you ever been previously enrolled at Hampton University?  Yes  No Dates Enrolled \_\_\_\_\_ to \_\_\_\_\_

If YES, indicate reason for leaving: \_\_\_\_\_

Under what name were you previously enrolled? \_\_\_\_\_

Have you ever been dismissed from Hampton University or any college/university?  No  Yes (Indicate reason for dismissal) \_\_\_\_\_ Date dismissed \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently enrolled or seeking a degree at another college or university?  No  Yes Name or School \_\_\_\_\_

**COLLEGES/UNIVERSITIES - LIST ALL ACADEMIC WORK BEYOND HIGH SCHOOL IN ORDER OF ATTENDANCE.**

COLLEGE OR UNIVERSITY - CITY AND STATE	MAJOR	DEGREE/CERTIFICATION	DATES ATTENDED
			TO _____ FROM _____
			TO _____ FROM _____
			TO _____ FROM _____

TYPE STUDENT:  Graduate Special (Non-degree)  Full-time  Part-time  
 PROGRAM SOUGHT/OBJECTIVE:  Audit Only  Workshop Only  Teacher Recertification  
 Credit for Transfer to \_\_\_\_\_  Personal enrichment not linked to degree or certification

APPLICATIONS WILL NOT BE PROCESSED WITHOUT THE FOLLOWING:  
 \$25 non-refundable Application Fee is enclosed (*Personal checks are not accepted*)  Application Fee is funded

ADMISSION TO THE SPECIAL GRADUATE (Non-degree) category does not imply admission to other University Graduate programs. Students who apply to the Graduate College or other College of Continuing Education programs are subject to the admission requirements of those programs.

**FALSIFICATION OF ANY INFORMATION GIVEN IN THIS APPLICATION WILL RESULT IN A RE-EVALUATION OF MY ADMISSION.**

SIGNATURE OF APPLICANT DATE OF SIGNATURE  APPLICATION FEE RECEIVED

**H A M P T O N U N I V E R S I T Y**  
**UNIVERSITY COLLEGE ~ OFFICE OF THE REGISTRAR**

**COURSE  
REGISTRATION  
FORM**

\_\_\_\_\_  Full Time     Part Time     Graduate     Special     EArmyU  
**HUD#** \_\_\_\_\_

\_\_\_\_\_ **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:** \_\_\_\_\_

	CRN	SUBJECT	COURSE #	SEC #	LVL	CREDITS	CLASS HOURS	DAY(S)	LOCATION	GRADE OPTION SU / AU / RI
<i>Sample →</i>	12345	ENGL	101	45	-	3	5:30 – 10:30	W	HH	-
	<b>TOTAL CREDITS</b>									

**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