

Noncredit Registration Form

PLEASE PRINT NEATLY



HOWARD
COMMUNITY COLLEGE

You Can Get There From Here.

Social Security or HCC Student ID #: _____

☐ I am an HCC full-time employee or dependent.

Name: _____
LAST FIRST M.I.

Address: _____
NUMBER & STREET CITY STATE ZIP COUNTY

☐ I have lived at this address for at least three months

Date of Birth: ____/____/____

☐ I am over the age of 16.

Sex: ☐ Male ☐ Female

Cell or Home Phone: (____) _____

Work Phone: (____) _____

E-Mail Address: _____

Are you of Hispanic or Latino origin? ____ Yes ____ No

What is your race? Select one or more of the following categories.

____ American Indian or Alaska Native

____ Asian

____ Black or African American

____ Native Hawaiian or Other Pacific Islander

____ White

For race definitions, visit www.howardcc.edu/visitors/Webmaster/race_ethnicity.html

☐ My information has changed since my last registration: ☐ name ☐ address ☐ phone ☐ email

☐ I have previously taken a class at HCC.

☐ I qualify for senior/disability tuition waiver. Not applicable to XE courses, \$30 registration fee, and other course fees.

Course Number		Title	Tuition
#3492 XE 800 9783	←SAMPLE→	Personal Landscaping	←SAMPLE→ \$65
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Out-of-county Maryland residents add \$10 per course.

Residents outside Maryland add \$20 per course.

Seniors and Persons with Disabilities: Pay *only* a \$30 registration fee per course plus any other fee (lab, materials, supplies, computer, etc.) mentioned in the course description.
EXCEPTION: For XE courses, pay the full amount listed at the end of the course description.

TOTAL

Signature: _____ Date: _____

I certify that all of the above information is true and correct.



Online: Visit www.hccexpress.net.



Fax-in: Fax this form and credit card information to: 410-772-4333. Allow 2 days to process.



Mail-in: Send registration form and credit card information or check to: **Howard Community College, 10901 Little Patuxent Pkwy, Columbia, MD 21044-3197, ATTN: Lock Box Cashier, RCF-220.** Include address, home and business phones on check.



Walk-in: Bring form and payment to the Registration Office, Student Services Bldg. Hours: 8:45 a.m.-8 p.m. Monday through Thursday; 8:45 a.m.-5 p.m. Fridays.

FOR FAX-IN OR MAIL-IN, CIRCLE ONE:

Card # _____

Expiration Date _____

Cardholder's Name (Please print legibly) _____ Signature _____

Visa



MasterCard



American Express



Discover

