Noncredit Registration Form PLEASE PRINT NEATLY. NOTE that we do not accept registrations by email. FAX: 443-518-4333 Mail to: Howard Community College, ATTN: Lock Box Cashier RCF-201, 10901 Little Patuxent Parkway, Columbia, MD 21044-3197



You Can Get There From Here.

| General Information | | | | | |
|---|---|--|--|--|--|
| HCC Student ID#: | | Date o | of Birth (required): | / / | |
| First Name: | Middle Initial: Last Name: | | | | |
| Chosen First Name: | | | | | |
| Address: (Street) | | | Apt/Unit: | | |
| City:State: | | Zip: County: | | | |
| ☐ I have lived at this address for at least three mo | onths | | | | |
| Gender: Male Female | | Are you of Hispanic or Latino origin? Yes \(\subseteq \text{No } \subseteq \) What is your race? Select one or more of the following categories: American Indian or Alaska Native \(\subseteq \text{Asian} \) Black or African American \(\subseteq \text{White} \) Native Hawaiian or Other Pacific Islander (For race definitions, visit howardcc.edu/categorydefinitions) | | | |
| Home Phone: | | | | | |
| Zell Phone: | | | | | |
| Email Address: | | | | | |
| | | | | | |
| ☐ My information has changed since my last regis ☐ I have previously taken a class at HCC. ☐ I am a Maryland resident age 60 and older and | | | | | |
| Course Registration | | | | | |
| COURSE NO. (SAMPLE) XE-155 6202 #5340 | TITLE | | START DATE | TUITION + FEES | |
| | | | | | |
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| | | | | | |
| | | Out-of-county Marylan | d residents add \$10 per course. | | |
| | | Residents outsid | e Maryland add \$20 per course. | | |
| | SENIORS (Maryland residents ages 60 a Exception: For XE courses, pay | | listed in the course description. e end of the course description. | | |
| | | | TOTAL | | |
| | | | | SIGN AND DATE | |
| Signature: | | | | | |
| I certify that the above information is true a | and correct, and I request the enrollment change(s) in | dicated above. | | | |
| All charges due to Howard Community College (HCC) must be possible to benefits, third party sponsors, and/or tuition waivers may be abdue. Past due balances are subject to collection and fees up to certified funds, such as cash, money order, credit card, or a cash. | ole to defer that portion of their balance. If the student's 25% of the original balance. Students whose accounts | full balance is not covered by t | hese other sources for any reason, the s | student is responsible for the balance | |
| FOR MAIL-IN: Please note that we do not accept | pt registrations by email. This form will no | ot be processed if submi | itted by email. | | |
| (check one) Visa VISA Mastercard Maser | Card AmEx Discover | DISCOVER | | | |
| Card#: | | Expirat | ion Date: | | |
| Cardholder's Name (Please print legibly): | Siana | nture: | | | |