



Harford Community College
 Continuing Education and Training Division
 401 Thomas Run Road • Bel Air, MD 21015
 443-412-2376 • Fax: 443-412-2383

Office Use Only		
<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
Registered by: _____		
Cashier's Office: _____		
C/R _____	Ini. _____	Date _____

Noncredit Registration

(To register online, visit www.harford.edu/CET/Register)

Has any personal information changed since last registration? Yes No

Student's HCC ID H	Last Name (Please Print)	First Name	MI
Street	City	State	Zip Code
Home Phone	Work Phone	Email	
<input type="checkbox"/> Home <input type="checkbox"/> Business			

HCC AlertMe Emergency Notification System Contact Information

- Please contact me in the event of an emergency on campus or non-routine campus closing: _____
(Preferred Contact Phone Number)
- I choose not to be contacted in the event of a campus emergency or non-routine campus closing.

GENDER	DATE OF BIRTH	CITIZENSHIP	ETHNICITY
<input type="checkbox"/> Male <input type="checkbox"/> Female	_____ Month/Day/Year Senior Citizen (60 or older)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, specify status and visa type: _____	<input type="checkbox"/> (01) Caucasian <input type="checkbox"/> (04) Asian <input type="checkbox"/> (02) African American <input type="checkbox"/> (05) Native American <input type="checkbox"/> (03) Hispanic/Latino <input type="checkbox"/> (06) Other <input type="checkbox"/> (07) Multiracial

Course Number	Course Title	Tuition	Course Fees (if any)	Out-of Co. Surcharge (\$5)	Out-of State Surcharge (\$10)	Cost

Payment is due at time of registration.

Check Money Order

Credit Card: VISA MasterCard

Discover American Express

Card No. _____

Exp. Date _____

I accept and agree to abide by the policies and regulations of HCC. I understand that violation of these regulations may subject me to penalties and sanctions. (A copy of the Student Code may be obtained from the College Life & Wellness Office.) I certify that the information on this form is accurate and complete. Failure to provide accurate information may be just cause for dismissal from the College.

Signature Date