

# Noncredit Registration Form

PLEASE PRINT NEATLY



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](http://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 tuition waiver. Not applicable to XE courses, \$40 registration fee, and other course fees.

Course Number	Title	Tuition
#3492 XE 800 9783	Personal Landscaping	\$65

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


Residents outside Maryland add \$20 per course.


**Seniors:** Pay *only* a \$40 registration fee per course plus any other fee mentioned in the course description. Non-Howard County residents, add \$10.

**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.*

 **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-203.** Include address, home and business phones on check.

 **FAX-IN:** Fax this form and credit card information to: 443-518-4333. Allow 2 days to process.

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

Visa

MasterCard

American Express

Discover

Card # \_\_\_\_\_



Expiration Date \_\_\_\_\_

Cardholder's Name (Please print legibly) \_\_\_\_\_ Signature \_\_\_\_\_