# Ways to Register

### 1 In Person

Visit our registration office in the Administration and Student Affairs Building.



**2** Phone You may register by phone by calling 240-500-2236 Registrations may be accepted by phone when



Just fill in the registration form provided in this schedule and mail it along with your tuition to:

Center for Continuing Education-Admissions Hagerstown Community College 11400 Robinwood Drive Hagerstown, MD 21742





### 4 Fax

Registrations may be faxed along with your credit card number to 301-582-4001

#### 5 Web Advisor

Register online for your courses! See the "Registration is Easy" section of this schedule for directions



Mastercard



Cash



Visa



Check



☐ Mrs

Discover



Purchase Order

Ethnicity: Are you of Hispanic or Latino origin?





☐ Mr.

Signature

11400 Robinwood Drive ■ Hagerstown, Maryland 21742-6514 240-500-2236 ■ Fax: 301-582-4001 ■ ceregister@hagerstowncc.edu

Center for Continuing Education

## Registration Form

Each student must use a separate registration form. Please send completed registration form and payment to the College. (Payment, invoice, or purchase order must accompany this registration.) This form may be duplicated.

Other

To avoid delay, please complete all information requested.

□ Ms

I certify that the information on this form is correct.

Last Name	First	MI	Maiden/Forme	er	
Home Address					
City	State	Zip Code	County		
Phone: Home	Work	E-mail Address	i		
Course #		Course Title		Begin Date	Total
				Total Fee	
The Refund Policy is publ	ished in the current issue of the HCC Co	ntinuing Education Non-Cr	edit Schedule.		

Date

☐ Yes ☐ No
Race: You may check more than one race.
□ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaskan Native
□ Native Hawaiian or Pacific Islander
Information not used for admission. Federal regulations require colleges to report enrollment data by ethnic, racial, and gender categories.
report emoliment data by ethnic, radial, and gender eategories.
Birthdate (market)
(mo/day/yr)
Senior Citizen
(60 and over) ☐ Yes ☐ No
,
Employer's Name
Social
Security #
For Credit Card Use Only:
Card Holder's Name
Account No.
Expiration Date
Signature
Billing Address for Card