

Non-credit Enrollment Form

To register for non-credit courses complete and submit this registration form and payment to Non-credit Registration, Kittredge Center, Holyoke Community College, 303 Homestead Avenue, Holyoke, MA 01040.

Note: Many courses fill fast. We suggest you register at least two weeks before class start date, or by registration deadline if noted. If space is still available in a class, HCC can accept registration for most classes up to the business day before a class starts.

Walk-in: Kittredge Center,
2nd floor, Customer Service Lobby
Mail-in: Non-credit Registration-Kittredge Center
Holyoke Community College
303 Homestead Avenue
Holyoke, MA 01040
Fax-in: (413) 552-2745
Phone-in: (413) 594-1255

Full payment for all non-credit courses must be made at time of registration.

1. About You

		Area Code		Phone Number						Previous Name (If applicable)		Date of Birth	
Work/Day													
Home/Evening													
Last Name				First Name				Middle Initial					
Street Address													
City							State		Zip Code				

Gender: M F

Email: _____ Date: _____

Citizenship Status (Please select one)

U.S. Citizen Other Country of Citizenship: _____

Help us to comply with state and federal reporting by indicating which ethnic group you best identify with:

American Indian/Alaskan Native Black/Non-Hispanic Asian or Pacific Islander Hispanic White, Non-Hispanic Cape Verdean

Person to contact in case of emergency (name/phone number): _____

2. Class Selections

Course Number	CRN	Section	Course Title	Day	Time	Non-credit Tuition

CRN: Course Registration Number

Subtotal non-credit tuition

Non-credit enrollment fee

\$6.00

Total

3. Employer Information

Employer: _____

Your job title: _____

Business address: _____

Work Phone: _____ Work Fax: _____ Work email: _____

Is your employer reimbursing you for the cost of this course?

Yes No

4. Payment

Charge Accounts

We accept MasterCard, Visa and Discover. Complete all items below if you are charging a course or registering by Fax.



Account Number: _____

Date of Expiration: _____

Signature: _____