



COMMUNITY EDUCATION



REGISTRATION FORM for Noncredit Courses:

- Have you applied and been admitted? If yes, use this form to register for noncredit classes.
• Did you take noncredit classes last semester? If yes, use this form to register for noncredit classes.
• Please print clearly. Complete and sign this form. ONLY ONE PERSON PER FORM. The form may be duplicated.
• Do not mail cash. Check or credit card information will be accepted by U.S. mail or in-person. Make check payable to: "AHC Community Education."
• You may drop form or submit by via U.S. mail, or fax to 805-352-1046.

For U.S. mail, send completed form to: Allan Hancock College, Community Education, Bldg. S
800 South College Drive, Santa Maria, CA 93454-6399

For more information call 805- 922-6966 ext. 3209, call toll-free 1-866-DIAL AHC (342-5242) ext. 3209, or visit
www.hancockcollege.edu/communityed

Have you attended Hancock before? [ ] YES [ ] NO AHC Student ID: H \_\_\_\_\_

Name as it appears on Hancock records (First Name, Middle Initial, Last)

Birth Date (Month/Day/Year): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Is this a mobile phone? [ ] YES [ ] NO

Alternate phone: \_\_\_\_\_ Personal Email Address: \_\_\_\_\_

Check if you want to receive texts alerts and updates from AHC Community Education. After submitting this form, we may reach out to you by phone, text, or email. You may opt-out at any time.

Table with 4 columns: CRN, COURSE, TIME/DAYS, FEE (if any). Contains 5 empty rows for course registration.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Instructor Use Only (required when classes have started): I authorize this student to add my class.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

METHOD OF PAYMENT:

[ ] CHECK. [ ] CREDIT CARD. Select one: [ ] Visa [ ] MasterCard [ ] Discover [ ] American Express

If paying by credit card, all credit card information (below) MUST be completed.

Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Print Name on Card: \_\_\_\_\_

Credit Card Street Address (number only) and Zip: \_\_\_\_\_

Authorizing signature: \_\_\_\_\_ Total Fees (if any): \$ \_\_\_\_\_