

Community Ed Registration Form

Name _____

Source Code:

Social Security Number _____

0176 ON

Address _____

City _____ Bloomington State _____ IL Zip _____ 61701

Normal 61704

61705

61761

Home Phone (____) _____ Work/Other Phone (____) _____

Course Code or Prefix and Number	Course Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

The following items are requested for state reporting:

Circle one: male/female

Birthdate: _____

Highest degree earned:

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> H.S. Diploma | <input type="checkbox"/> 1 st Professional Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Certificate | <input type="checkbox"/> Other |
| <input type="checkbox"/> Associate's Degree | |

Ethnic Origin:

Are you Hispanic or Latino? Yes No

Are you from one or more of the following racial groups:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Choose not to respond

Please identify your **primary** racial/ethnic group from the choices listed above: _____

Are you in the United States on a Visa – Nonresident Alien?
Yes No If yes, please indicate Visa type? _____

Country of origin _____

FOR OFFICE USE ONLY: EmplID _____

Date Received _____ Time _____ Initials _____

Method of Registration _____ Registration Information Entered _____

Payment Applied _____ Amount: _____ Confirmation Mailed _____

Method of payment: Check# _____ Cash _____ MC _____ Visa _____ Discover _____

Bill Student: _____ Bill Company: _____

- Residency code entered: _____
- Residency already in PS

www.heartland.edu/communityEd

Register by phone: 309-268-8160

Check enclosed, payable to Heartland Community College

Please charge my credit card for the fees indicated above.

Master Card Visa Discover Card

Card# _____ Expiration Date _____

Signature _____ Per Phone