

# Continuing Education registration form

NOTE: Please complete a registration form for EACH STUDENT planning to attend class.

Legal Name \_\_\_\_\_ Male Female  
 Social Security Number \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Other Phone (\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_

Course Code (4-digit)	Course Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please complete payment information below. Total Fees: \$ \_\_\_\_\_

The following items are requested for state reporting:

**Highest degree previously earned:**

- |  |  |
|--|--|
| <input type="checkbox"/> GED               | <input type="checkbox"/> Master's Degree         |
| <input type="checkbox"/> H.S. Diploma      | <input type="checkbox"/> 1st Professional Degree |
| <input type="checkbox"/> Some College      | <input type="checkbox"/> Doctoral Degree         |
| <input type="checkbox"/> Certificate       | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> Associate Degree  |  |
| <input type="checkbox"/> Bachelor'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  White  
 Native Hawaiian or Other Pacific Islander  
 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 \_\_\_\_\_



**HEARTLAND**  
COMMUNITY COLLEGE

Continuing Education | Workforce Development Center Suite 2400  
 Heartland Community College | 1500 W. Raab Rd. | Normal, IL

For office use only :

Empl ID _____	Method of Payment: Check # _____
Date Received _____ Time _____ Initials _____	Cash MC Visa Discover AMEX
Registration Information Entered _____	Bill Student _____ Bill Company: _____
Payment Applied _____ Amount: _____	
Confirmation Mailed _____	

**Payment Information**

<input type="checkbox"/> Check enclosed, payable to Heartland Community College.	Card # _____
<input type="checkbox"/> Please charge my credit card for the fees indicated above.	Expiration Date (month/year) ____/____
<input type="checkbox"/> Master Card Visa Discover Card American Express	Signature _____