HACC, Central Pennsylvania's Community College Noncredit Registration with Permission to Bill

To: HARRISBURG AREA COMMUNITY COLLEGE WELCOME CENTER ONE HACC DR HARRISBURG PA 17110 717-780-2414 OR 800-222-4222 x2414 FAX TO: 717-231-7674 OR EMAIL: REGISTRATION@HACC.EDU (if application) (required handwritten signation)	ture)	BILL TO: SPONSOR: ADDRESS: CITY STATE PHONE FAX EMAIL SPONSOR REQUEST AUTHORIZE	Zip P.O.#	Code	
PRINT NAM	vi⊨ŏ	TITLE DATE			
This letter serves as authorization to bill	the ab		r for the followi	ng individual(s) to	o attend the
course(s) listed below.					
Name	Student ID			Birth Date	
Home Mailing Address (required)	Phone		Email Address		
City	State		Zip	Pennsylvania Resident Requires accessibility	
Course Title Da			Section #	accommodations Cost	
	Date		Section #		
Name	Student ID		Birth Date		
Home Mailing Address (required)	Phone		Email Address		
City State		State Zip		Pennsylvania Resident	
				Requires accessibility accommodations	
Course Title Date		Section #		Cost	
	Def	und Polio			

Refund Policy

Students who request refunds three (3) working days prior to the first class meeting will receive a 100% refund. No refund of tuition or fees will be made if the request is made less than three (3) days before the start of class. If you fail to cancel your registration three (3) working days prior to the start of class or fail to attend the class, your department or bill to sponsor will be invoiced accordingly.

If a student has already received any additional items that are included in the tuition cost (i.e. textbook, etc.), they may be entitled to a full refund upon the return of the unopened and/or unused item(s). Should the item(s) be opened or used, the student may receive a refund amount minus the cost of that item(s).

To cancel your registration, please call 717-780-2414 or email registration@hacc.edu.