Enrollment Form to Register for Credit Courses

STUDENT INSTRUCTIONS: Complete an enrollment form for each term of registration. Exception: you may use one form for all summer registration. Use a DAW form to make changes to your existing schedule. Complete questions #1 - #15 on both sides of this form. Question #15 E must be signed by appropriate advisor/counselor if you fit into one of the following HACC student categories (*signed advisor approval, by itself, will not be accepted as override authority for #15 A-D instances):* 1) First time, full time; 2) First Choice 1st & 2nd term; 3) Accelerated or provisional high school student; 4) First time, international (F1); 5) First-time, non-high school graduate; 6) On academic probation or suspension reinstatement; 7) Enrolled in one of these programs: Phlebotomy 0390; Culinary Arts 1260, 1261, 1580, 1581; Graphic Design 2200, 2840; Environmental Assoc 3060; Environmental Specialist 3570; Nuclear Medicine 3630, 363N; Pre-Radiologic Tech 374P, 375P, 376P; Legal Asst & Paralegal Studies. Cert 5300 & 5301; Health Sciences 359P.

1. Registration Year / Term (Indicate all applicable terms. You may use one form for summer courses.)

(Year) ○ Spring ○ Summer I / Summer II ○ Fall

2. HACCid H

HACC employees, cross out the "H" and fill in your employee id.

3. Name and Mailing Address Information

(Last Name)

(First Name) (MI)

(Street Address) (Apartment/Lot)

(PO Box) (City)

(State) (Zip Code) (County)

4. Contact Information

(Area Code) (Home Telephone Number)

(Area Code) (Alternate Telephone Number) ○ Parent ○ Cellular ○ Work ○ Other

E-mail Address (If you are registering for a Virtual Campus course, you MUST provide a current e-mail address. Please remember to include the @ symbol where appropriate.)

5. Ethnicity (select one)

○ Hispanic/Latino ○ Non-Hispanic/Latino

6. Race (select one or more to indicate what you consider yourself to be)

○ American Indian or Alaskan Native (1)
○ Asian (2)
○ Black or African American (3)
○ Native Hawaiian and Other Pacific Islander (4)
○ White (5)

7. School District of Residence

8. Current Program Name and Major Code (i.e. Program = Psychology; Major = 5150)

(Current Program Name) (Major Code)

Program Type (choose one): ○ Associate ○ Certificate ○ Diploma

If you wish to change your program of study, make an appointment with the appropriate advisor, complete a "Change of Curriculum/Advisor Form", and then submit it to the Records Office at the campus you attend. Program change requests received after the 3rd week of the term, become effective in the next term.

9. What is your primary educational goal at HACC (select one)

○ Transfer after completing an associate's degree (TCAD)
○ Transfer without completing an associate's degree (TWAD)
○ Complete an associate degree (ASOC)
○ Complete a certificate or diploma program (CRDP)
○ Take courses without completing a certificate, diploma or degree (You must work toward a degree, certificate, or diploma to receive financial aid.) (NODG)
○ Undecided (UNDC)

At the end of the term for which I am registering, I expect to complete this educational goal (select one)

○ Yes (Y) ○ No (N)

10. Do you anticipate receiving reimbursement from your employer for all or part of your education

○ Yes (01) ○ No (02) ○ Not Employed (03)

11. Are you enrolling for classes at the request of your employer

○ Yes (04) ○ No (05) ○ Not Employed (06)

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12.

CRN Number	Subject (i.e. MATH, ENGL, CIS)	Course Number (i.e. 101, 201)	Credit Hours	Choice (1st, 2nd)	Have you met the prerequisite?* Yes or No or NA (circle one)	Day & Time Classes Meet M	T	W	R	F	S	U	Room (Location)
					Yes No NA								
					Yes No NA								
					Yes No NA								
					Yes No NA								
					Yes No NA								
					Yes No NA								

Total Credit Hours (full-time = 12 or more credits): ____

*Refer to College Catalog or check our web site at www.hacc.edu, key phrase "course descriptions".

13. SIGN

"I agree to abide by the policies and regulations of HACC, Central Pennsylvania's Community College. Further, I understand the following: ▶

Student Signature

- *If I am eligible for financial aid, I authorize HACC to use my financial aid funds to pay all HACC charges owed by me;*
- *I risk being dropped from my classes if I fail to pay tuition in full or make pmt. arrangements by the due date;*
- *in the event that I decide to discontinue enrollment in any course, I will immediately notify the Registration Office and my instructor(s);*
- *I take full responsibility for the outcome of the courses indicated above."*

14. PAY

Full payment is due as of the tuition payment deadline (refer to www.hacc.edu). Pay by 1) check made payable to HACC or 2) credit card noted here or 3) online via HACCWeb, at www.hacc.edu, or 4) ensure that comparable arrangements have been made with Student Accounts and / or Financial Aid. *"I hereby authorize HACC to charge this credit card for the amount specified:"*

Provide credit card information here when submitting this form by MAIL or FAX.

(Credit Card Number) (Expiration Date: M M Y Y) ○ VISA ○ MASTERCARD

$ ____ . ____ (Payment Amount)

Authorized Cardholder Signature

15. **Advisor / Counselor / Dean / Faculty / Instructor Use Only:** Override authority MUST be noted in letters A-D below, when applicable, as the advisor's signature by itself is not equivalent.

A. Register the student, while on probation, for more than 13 credits = ____ Authorized Signature D D M M Y Y

B. Register the student for a credit overload (more than 18 credits per Spring / Fall term or more than 6 credits per Summer term): = ____ Authorized Signature D D M M Y Y

C. Overload the following full class(es):
C R N ____ Authorized Signature D D M M Y Y
C R N ____ Authorized Signature D D M M Y Y

D. Override pre-requisite(s) for the following classes:
C R N ____ Authorized Signature D D M M Y Y
C R N ____ Authorized Signature D D M M Y Y

E. **Signed advisor approval is required if student fits into any of the categories noted in the instructions.** For those students requiring advisor approval to register and who are planning to register online via HACCWeb, you must provide the Alternate PIN here to supplement your signature approval. **Signed advisor approval, by itself, will not be accepted as override authority for instances A-D above.**

Advisor Signature | A L T. P I N

Comments:

Updated: 9/16/08