



**HERKIMER**  
 COUNTY | COMMUNITY | COLLEGE  
 Reservoir Road, Herkimer, NY 13350  
 (315) 866-0300 or 1-800-GO 4- HCCC, Ext. 8273

# College Now Registration Form, 2009-2010

Please fill out both sides of this form. If you have already taken a College Now course, only fill out your name and social security number on Part A. If you have *never* taken a College Now course before, fill out all questions on Part A.

**Part A**

Name _____		SS# _____ - _____ - _____	
Address _____		Date of Birth _____	
City/State/Zip _____		Male _____	Female _____
Phone Number ( ) _____		Herkimer County Resident? Yes _____ No _____	
High School _____		Anticipated date of high school graduation _____	
Have you previously registered at HCCC? Yes _____ No _____		If yes, date of last registration _____	
*E-mail address _____			
*Email addresses will be used solely for the purpose of sending communications from the College Now program.			

**Part B: List all courses and credit hours of the classes you wish to register for using the example below as a guide.**

CRN Example: 25796	Course and Section Example: EN 112 OA	Course Name Example: English II	Instructor Name	Number of credit hours	Number of credit hours x \$40

\_\_\_\_\_ \$ \_\_\_\_\_  
 Total Credits      Total Due

**Required Signatures:**

\_\_\_\_\_  
 Signature of Student requesting course(s)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Guidance Counselor

\_\_\_\_\_  
 Date

**For payment options please see reverse side.**

**Part C: Tuition and Payment Information**

The tuition rate is \$40 per credit hour for New York State residents. Therefore, if you are taking just one three-credit course, the tuition is \$120. If you are taking one four-credit course, the tuition is \$160. For out-of-state residents, the tuition rate is \$78 per credit hour. Questions about billing may be directed to the HCCC Bursar's Office at 315-866-0300 ext. 8315.

**Please Note: Certificates of Residency are valid for up to one year after submitted. Therefore, if you did your certificate of residency in the fall, you do not have to re-submit this in the spring. If you do not submit your residency form by your county's deadline, (typically 30 days after the start of the school year) you will be charged an additional fee of \$38 per credit hour.**

**Check One (If using a check, please make checks payable to HCCC. If mailing, please attention to HCCC's Bursar Office):**

\_\_\_\_\_ I am paying in full. Enclosed is \$\_\_\_\_\_.

\_\_\_\_\_ I am requesting a **2**-payment plan.\* Enclosed is my first payment of \$\_\_\_\_\_. I agree to sign a promissory note to pay the second installment on or before **March 15, 2010** .

\_\_\_\_\_ I am requesting a **3**-payment plan.\* Enclosed is my first payment of \$\_\_\_\_\_. I agree to sign a promissory note to pay the second installment on or before **March 15, 2010** and the third installment on or before **April 15, 2010**.

\_\_\_\_\_ I would like to make payment in full with a credit card for \$\_\_\_\_\_ .

\_\_\_\_\_ **VISA**                      \_\_\_\_\_ **MASTERCARD**    or    \_\_\_\_\_ **DISCOVER**

Card #: \_\_\_\_\_ Last 3 digits of security code \_\_\_\_\_  
(On Back of Card)

Expiration Date: \_\_\_\_\_ Name of Cardholder: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Address of Cardholder: \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_

**\*If your account is not paid as agreed to in the promissory note, you will not be able to register for College Now classes in future terms, and you will not be able to access your grades on-line or obtain an HCCC transcript.**

Optional Questions – Self-disclosure of disability, racial and ethnic information is solely voluntary. Such information will be kept confidential, and refusal to provide such information will not subject the applicant to any adverse treatment.

**Racial/Ethnic Background:**

\_\_\_\_\_ White/non-Hispanic                      \_\_\_\_\_ American Indian/Native American                      \_\_\_\_\_ Hispanic/Latino  
\_\_\_\_\_ Black non-Hispanic                      \_\_\_\_\_ Asian or Pacific Islander                      \_\_\_\_\_ Other (not listed above)

Check if you would like to identify yourself as having a disability: \_\_\_\_\_

If your records are under another name, please indicate: \_\_\_\_\_