

Banner ID: H _____

Date: ____/____/____



Herkimer
THE STATE UNIVERSITY OF NEW YORK

OFFICE OF COMMUNITY EDUCATION
NON-CREDIT COURSE REGISTRATION FORM

TERM: _____

Name:	_____		
	(Last)	(First)	(MI)
Street Address:	_____		
City, State, Zip:	_____		
Date of Birth:	_____		
Email address:	_____		
Daytime/Evening Phone:	_____		

COURSE:	START DATE	CRN #:	FEE:
		TOTAL	\$

Refund Credit and Remove Charge Special Receipt Needed

Method of Payment:

Cash Check Visa MasterCard Discover Amex

Credit Card #: _____

Exp. Date: _____ CVV# (found on back of card, 3 digits) _____

Name as it appears on card: _____

No Refund after the Pre-Registration Date

Bursar's office only:

Processed by: _____ Receipt # _____

Date: _____

Invoice # _____