

REGISTRATION FORM

101 COMMUNITY COLLEGE WAY
JOHNSTOWN, PA 15904
WWW.PENNHIGHLANDS.EDU
814.262.3815

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

EMAIL: _____

COUNTY OF RESIDENCE: _____

DOB: _____ LAST 4 DIGITS OF SSN: _____

CODE	COURSE TITLE	COST
TOTAL COST:		

Method of Payment

Check Information

(If paying by check fill out below. Make checks payable to Pennsylvania Highlands Community College.)

Check Number: _____

Credit Card Information

(If paying by credit card fill out below.)

___ Visa or ___ Mastercard *(Check one if applicable.)*

Card #: _____ Security Code: _____

Expiration Date: ____/____

SIGNATURE: _____ DATE: _____

How did you hear about us?

☐ Mailing

☐ College Website

☐ Newspaper

☐ Friend

☐ Email

☐ Other _____