

ACC Center for Personal and Professional Development

Adirondack Community College, Washington Hall

640 Bay Road, Queensbury, NY 12804

Phone: (518) 743-2238 ♦ Fax: (518) 743-2318

Non-Credit Course Registration Form

(please print)

Student Name _____ Date of Birth: _____
First Middle Last

Home Phone: _____ Work Phone: _____ Student's Soc. Sec. # _____

Mailing Address: _____
number street city state zip

Email Address: _____ Banner ID (if known): _____

Please register me for: **Audit Request** (Audit requests are available for tuition only and on a space availability basis.)

Course No.	Course Title	Tuition	Fee	Total

Method of Payment: (Required at time of registration.)

- Check enclosed (made payable to: ACC)
 Credit Card (VISA, MasterCard, or Discover Card)
Fill out **Mail-In/FAX Charge Form** below.

Please be sure course prerequisites have been met prior to the start of each course for which you are registering.

Please mail or fax Registration Form AND Residency Form (if applicable) to:

ACC Center for Personal and Professional Development, Adirondack Community College
640 Bay Road, Queensbury, NY 12804 ♦ (518) 743-2238 ♦ Fax: (518) 743-2318

Mail-In/FAX Charge Form

If you wish to pay your course tuition by mail or FAX using VISA, MasterCard, or Discover Card, please supply the information requested below from the imprinted (raised) portion on your card.

Please indicate credit card used: **VISA** **MasterCard** **Discover Card**

1. Student Name _____ 6. Card Holder: Name _____
2. Student Banner ID or SSN: _____ Billing Address _____
3. Card No. _____ Phone # _____
4. Expiration Date _____ 7. Total Charges _____
5. CVV (3-digit # on back of card) _____ 8. Card Holder Signature _____