HCC Continuing and Professional Education REGISTRATION FORM



Housatonic Community College Continuing Education 900 Lafayette Boulevard, BH-116, Bridgeport, CT 06604

Fax to: HCC Continuing Education 203-332-8558 Mail or submit in person to the address above Questions Call: 203-332-5057 E-mail: HO-ContinuingEd@hcc.commnet.edu Fax to: HCC Continuing Education 203-332-8558 Mail or submit in person to the address above Questions Call: 203-332-5057

Last	First			Mid	dle Initial
Street Address or PO Box					
City	Si	tate	Zip		
Telephone		Cellphone			
Email Address		•			
DOB			10day 3 D		
Check appropriate boxes 1 through 7. 1. Citizenship Status: U.S. Citizen Not a U.S. Citizen Permanent Resident 3. Please indicate the race(s) you consider yourself to be: White African American Indian/. Asian American Indian/. Native Hawaiian/other Pacific	Alaska Native : Islander	Ethnicity: Hispanic/Latino Non-Hispanic/Latino Choose not to respor	nd (none)	☐ Yes 7. How did you h	High School Dipl No near about us? per/Magazine Ad
☐ Male ☐ Other Race: (please print) ☐ Choose not to respond		courses at a CT communi Yes (if applicable, please Banner ID at the end of th	ty college? enter your	=	d Facebook Other:
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