

Fax to: 313-845-6464

OR

Mail to: Henry Ford Community College  
Continuing Education Registration  
5101 Evergreen Road  
Dearborn, MI 48128-1495

# Registration Form—Center for Lifelong Learning

Date \_\_\_/\_\_\_/\_\_\_

Student ID No. \_\_\_\_\_ (Assigned by HFCC) Date of Birth \_\_\_/\_\_\_/\_\_\_

- Fall Semester
- Winter Semester
- Spring Semester
- Summer Semester

---

- Female
- Male
- White
- African-American
- Indian/Alaskan Native
- Asian/Pacific Islander
- Hispanic
- Multiracial
- Other
- NODEG.CONED

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI/Maiden \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Fax \_\_\_\_\_ Pager \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Section ID	Course Number	Course Title	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Total</b>			\$ _____

Enclosed is my Check / Money Order payable to Henry Ford Community College

Charge to my VISA / MC / Discover Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature and today's date required for charge card payment

\_\_\_\_\_

<b>Employer-Paid Tuition:</b> Employer Name _____ PO# _____
---