

Non-Credit Registration Form

FOUR WAYS TO REGISTER! Payment is required at the time of registration.

Third-party billing accepted only on purchase order or company letterhead. Must include complete billing address, contact name, phone number and signature of authorized company officer. Please check one:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Mail-in:
Complete the registration form and mail to DCCC, 901 S. Media Line Road, Media, PA 19063. Attn.: Institute for Public Safety | <input type="checkbox"/> Phone-in:
CALL 610-723-2008 or FAX this form to 610-359-7393. Have your credit card ready: VISA, MasterCard, Discover Card or American Express only. | <input type="checkbox"/> Walk-in:
DCCC, Admissions
901 S. Media Line Rd
Media, PA 19063 or the location nearest you. | <input type="checkbox"/> Web Registration:
If you attended classes during the previous term, go to www.dccc.edu , choose "Student Records." Log in, click on "Student Services & Financial Aid," click on "Registration" and follow directions to registers. You may make payment over the web with a credit card. |
|--|---|--|---|

Name _____ Social Security Number _____ Sex: ___ M ___ F

Address _____ E-mail Address _____

City _____ State _____ Zip _____

School District _____ Phone _____ Date of Birth _____
(where you reside)

U.S. Citizenship Resident Alien: No. _____ No Status Foreign National, Visa Type: ___ F ___ B ___ Other

Ethnicity (Optional): Hispanic/Latino Yes No

Race (Optional): Black/African American American Indian/Alaskan Native Asian
 Caucasian Native Hawaiian/Pacific Islanders Other _____

Please check here if your address is different from a previous DCCC registration.

Course #	CRN	Title	Amount
		Records processing fee, per term, for one or more courses:	5.00
		Total	

Enclosed is my: Check Money Order (made payable to DCCC)

Charge my: VISA MasterCard Discover American Express Account No. _____

Signature _____ Expiration Date _____