



## Non-Degree Student Registration Form

Hibbing Community College  
Student Services Offices  
1515 East 25<sup>th</sup> Street  
Hibbing, MN 55746  
1-800-224-4422 or 218-262-7200  
Fax: 218-263-2992

**This form is for students not planning to pursue a degree, diploma, or certificate. Non-degree-seeking students are not eligible to receive financial aid. Students planning to pursue a degree, diploma or certificate must complete the formal admissions process prior to registration.**

Term for which you are registering(pick one)   Fall   Spring   Summer   Year: \_\_\_\_\_

Have you registered at HCC before?   Yes   No   If yes, what is your HCC ID # or STAR ID: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Previous Last \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Are you a U.S. citizen?   Yes \_\_\_\_\_ No \_\_\_\_\_ If not, what country? \_\_\_\_\_

Resident of Minnesota?   Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how long?   Years \_\_\_\_\_ Months \_\_\_\_\_ Which county \_\_\_\_\_

I have checked the course catalog and understand that my chosen course(s) may have prerequisites. I have completed the necessary prerequisites and I am at the appropriate level of scholastic ability. I understand that I may take the college's placement assessment if I wish to have my reading, writing, and math skills evaluated.

Signature denotes agreement \_\_\_\_\_ Date \_\_\_\_\_

### Course Registration Information

<i><b>Sample</b></i>	<b>Course ID#</b>	<b>Course Title</b>	<b>Cr</b>
	<i><b>000988</b></i>	<i><b>Introduction to Art</b></i>	<i><b>3</b></i>
Course #1	_____	_____	_____
Course #2	_____	_____	_____
Course #3	_____	_____	_____

#### **Request for Confidential Information**

Providing the following information is voluntary. This information is used only to assist Minnesota State Colleges and Universities in evaluating student recruitment and retention policies; it will not be used as a basis for admission.

Social Security No. \_\_\_\_\_ (Your Social Security number must be provided in order for you to claim tax deductions under Hope Scholarship and Life-Long Learning tax laws.)

Birthdate \_\_\_\_\_ Gender:   Male \_\_\_\_\_   Female \_\_\_\_\_

Are you Hispanic or Latino(a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture regardless of race)?   Yes \_\_\_\_\_   No \_\_\_\_\_

Race and ethnic background(select any that apply)

- \_\_\_\_\_ American Indian or Alaska Native
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Native Hawaiian or Pacific Islander
- \_\_\_\_\_ White

## Method of Payment

Payment must be made or arranged for with Hibbing Community College prior to the start of the term.

### I will pay for my class(es) by:

\_\_\_\_\_ Personal check – check # \_\_\_\_\_ Cash (in-person payment only)  
\_\_\_\_\_ Agency funding - specify agency \_\_\_\_\_ Other – specify \_\_\_\_\_  
\_\_\_\_\_ Credit Card – check one \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover  
Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Card Holder's Signature \_\_\_\_\_

Or contact the Business Office at 218-262-7205 or 1-800-224-4422.

**There is a one-time application fee of \$20.00 for new students only** (does not apply to returning students).

\_\_\_\_\_ \$20 check enclosed \_\_\_\_\_ Bill credit card (above) \_\_\_\_\_ Previously paid

Reciprocity rates vary based on your resident state and you must apply each year.

### Required Disclosures

- I understand that I am responsible for all charges incurred once I am registered in classes at Hibbing Community College
- I understand that I am not eligible to receive financial aid from HCC for this class .
- I understand that I am responsible for making changes to my schedule in accordance with HCC add/drop/withdrawal and refund policies
- I understand that tuition is due the first day of the term, unless I have made payment arrangements with the HCC Business Office
- I understand that if I have an unpaid balance, no further enrollment at HCC will be permitted, that my unpaid balance will be turned over to a collection agency, and that I am fully responsible for any collection costs and fees.
- I understand that this is a legal, binding agreement
- I understand that if I wish to pursue a degree at HCC, I must complete the admission process.

**I have read this agreement and I agree to the terms specified. Your signature below indicates that all information you have provided is correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The college/university is asking you to provide information that includes private and/or confidential information under state and federal law. The college/university is asking for this information in order to process your application.

You are not legally required to provide the information the college/university is requesting; however, the college/university may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to other schools in which you seek or intend to enroll, or are enrolled;
- to federal, state or local officials for purposes of program compliance, audit or evaluation;
- as appropriate in connection with your application for, or receipt of, financial aid;
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an organization engaged in educational research or an accrediting agency.

Minnesota State Colleges and Universities, abide by the provisions of Title IX and other federal and state laws forbidding discrimination on the basis of sex, race, color, national origin or handicap and all other state and federal laws regarding equal opportunity.

Office Use Only

\_\_\_\_\_ Staff Initials

\_\_\_\_\_ Date entered

Contact Student Services at: [admissions@hibbing.edu](mailto:admissions@hibbing.edu)

Fax number: 218-263-2992

An affirmative action, equal opportunity and educator. This document is available in alternative formats to individuals with disabilities by calling 1-800-224-4422