

REGISTRATION FORM

101 COMMUNITY COLLEGE WAY
JOHNSTOWN, PA 15904
WWW.PENNHIGHLANDS.EDU
814.262.3815

NAME: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (_____) _____

EMAIL: _____

COUNTY OF RESIDENCE: _____

DOB: _____ LAST 4 DIGITS OF SSN: _____

CODE	COURSE TITLE	COST
TOTAL COST:		

Method of Payment

Funded by JARI _____

SIGNATURE: _____ DATE: _____

How did you hear about us?

- Mailing College Website Newspaper Friend Email
 Other _____