

HSM



## ONLINE COURSE REGISTRATION FORM

Before you submit this form, be sure you have the course number for the class you would like to attend (example: BUS-100). You will also need to indicate the term you plan to attend. Please review HSM's online Academic Calendar for term start and end date(s).

Today's Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Legal Name (As it appears on valid photo identification document)

(First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SSN# (Only Last 4 Digits) \_\_\_\_\_

Billing Address: \_\_\_\_\_ Apt./Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (Cell/Landline) ( \_\_\_\_\_ ) \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Have you previously enrolled in classes at HSM? Yes \_\_\_\_ No \_\_\_\_

HSM Student ID#: \_\_\_\_\_ Previous Enrollment Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Completed Course Number(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

Current Enrollment Term (Select One): Fall/Winter \_\_\_\_ Spring/Summer \_\_\_\_

COURSE SELECTION: Please visit website to view available course offerings.

- 1) Course Number: SOC-01 Credit Hours: Mandatory Completion Lab Fee: \$0
- 2) Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Lab Fee: \$0
- 3) Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Lab Fee: \$0

**Registration Fee Non-Transferable.**