

REGISTRATION INFORMATION



Easy Ways to Register

ONLINE:

Please visit hacc.edu/noncredit and select your preferred course. After adding the course selection to your cart, you will be prompted to complete an online enrollment form.

MAIL OR WELCOME CENTER:

Please mail your completed enrollment form with check or money order to HACC, Attn: Finance, TL203, One HACC Drive, Harrisburg, PA 17110. **Please do NOT mail credit card information.**

You may register and pay in person at the Harrisburg or Lancaster campuses, Monday through Thursday. We accept Visa, MasterCard, Discover, checks, money orders, and cashier's checks.

You may also drop off a completed enrollment form at the Gettysburg or York campuses, Monday through Thursday, along with payment by check, money order, or cashier's check.

Welcome Center Contacts

Phone: 717-780-2414

Email: wfdregistration@hacc.edu

HACC's Gettysburg Campus

731 Old Harrisburg Road
Gettysburg, PA 17325

HACC's Harrisburg Campus

One HACC Drive
Harrisburg, PA 17110

HACC's Lancaster Campus

1641 Old Philadelphia Pike, Main 218A
Lancaster, PA 17602

HACC's York Campus

2010 Pennsylvania Ave.
York, PA 17404

HACC's Workforce Development Enrollment Form

* Asterisks designate required information.

HACC ID (if known): _____ Social Security Number: _____

*Date of Birth: _____

*Last Name: _____

*First Name: _____ *Middle Initial: _____

*Address: _____

*City/State/ZIP: _____

*County: _____

*Primary Phone: _____ *Cellphone: _____

*Email Address: _____

*Are you a Pennsylvania resident? ☐ Yes ☐ No

*Is English your primary language? ☐ Yes ☐ No *Legal Gender: ☐ Male ☐ Female

Section Number	Start Date	Course Title	Cost
Payment is due at time of registration			*Total

Optional Information

The following questions are optional. By answering them, you will help HACC provide the widest scope of student services possible. Your responses are confidential and not used to determine admissions.

Race: (Please check all that apply.)

- ☐ American Indian/Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ White

Ethnic Origin: Are you of Hispanic, Latino(a) or Spanish origin? ☐ Yes ☐ No

Are you an individual with a disability? ☐ Yes ☐ No

*I hereby certify that the above information is true to the best of my knowledge.

*Your Signature Here (Required for Enrollment)



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800-ABC-HACC

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