



PVCC Non-Credit Course Registration



Due to the minimum number of students necessary for classes to be held, and the fact that some classes fill quickly, we encourage you to sign up early. Confirmations and receipts are not sent, however you can print them from your online account at my.maricopa.edu.

You can register and pay online at:



1. Semester of Enrollment:

- Fall Spring Summer I/June Summer II/July Year: _____
- First time student at PVCC or any other Maricopa County Community College
- Former student at PVCC or any other Maricopa County Community College

2. Soc. Sec. No or Student ID.*: _____ - _____ - _____

3. Legal Name _____
Last First Middle

4. Former Name(s) _____
Last First Middle

5. Birthdate _____ / _____ / _____ **6. Gender**** Male Female
Month Day Year

7. Information Release: Do you give permission for the college to release directory information relative to your enrollment (as per the Family Education Rights and Privacy Act of 1974)? ___yes ___no

8. Address: Street Address _____
City _____ State _____ Zip _____

9. Phone: Home _____ Work/Cell (circle one) _____

10. Email _____ (For college communication only)

11. Race/Ethnic Background**

- American Indian or Alaskan Native Black White
- Asian or Pacific Islander Hispanic Other

12. Residency

These questions are asked for the purpose of determining tuition and fees. State law now requires that a person who is not a citizen or legal resident of the United States or who is without lawful immigration status is not entitled to classification as an in-state student pursuant to A.R.S. Section 15-1802 or entitled to classification as a county resident pursuant to A.R.S. Section 15-1802.01.

- a. United States Citizen (1) or
 - Legal Immigrant / Permanent Resident (2) Date of issue _____ and -- Alien Registration Number _____
 - Lawful Refugee or Asylee (3) Date of Issue _____ and -- Alien Registration Number _____
 - Legal Nonimmigrant (4-9):
 - Specify Immigration Classification _____ and
 - Date of Expiration _____ and
 - Alien Registration Number or I-94 Number _____
 - Do not qualify for any of the above
- b. Country of Citizenship _____

13. Emission Testing Affidavit: In accordance with the Arizona Revised Statutes 15-1444 and 15-1449, I hereby certify that:

- My vehicle, as required by AZ Revised Statutes 49-542, has passed its vehicle emissions test
- A.R.S. 49-542 is not applicable to a motor vehicle or motorcycle I drive
- I do not park a vehicle on college property

Unless eligible for waiver, I understand that if I fail to comply with the requirements of the emissions inspection program, I am prohibited from parking on college property and my vehicle is subject to being towed away at my expense.

OVER

14. **Educational Goals:** What is your **primary** reason for attending PVCC? (Check one box).

- Prepare for employment Improve my skills at my present job
 Learn new skills for a better job Prepare for a career change
 For my personal interest or self-improvement

15. **How did you hear about us?**

- Schedule of classes E-mail Newspaper Student
 Agency Flyer Outreach TV
 Billboard Friend/Relative Phone US Mail
 Brochure HS Referral Radio Yellow Pages
 Career Fair Internet Recruiter Other _____
 Counselor Movie Ad

I certify that the answers on the front and back of this Student Information Form are true, correct and complete.

Signature of Student: _____ Date: _____

All the information on this form is confidential and in compliance with the Family Education Rights Privacy Act of 1974. The Act's provisions are explained in the General Catalog.

* The Social Security Number is generally used as the Student Identification Number. Students who choose not to disclose their Social Security Number will have a unique Student Identification Number assigned.

**Voluntary information used to comply with Federal Reporting and has no effect on admissions to the college. This information will not be used for any discriminatory purpose.

| 5 Digit Class # | Title | Start Date/Time | Fee |
|-----------------|-------|-----------------|-----|
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I accept responsibility for all tuition and fees. I understand that payment is due at the time of registration.

Student Name _____

Student ID No. _____ Date ____ / ____ / ____

Signature of Student _____ Total due: \$ _____

Check # _____ Money Order Credit Card

I hereby authorize PVCC to charge \$ _____ to my:    

Account Number _____ Exp Date ____ / ____

Cardholder Name _____
(As it appears on card)

Cardholder Signature _____

Mail form and course fee to: PVCC Admissions and Records
18401 N. 32nd Street
Phoenix, AZ 85032

Or call the Admission office: 602.787.7000
M-Th, 8:30am - 1:30pm & 3:30 - 5pm
Fri 8:30am - 1:30pm (after August 4)

Or fax to: 602.787.7025

Or register online: <http://my.maricopa.edu>