

Registration Procedures

HOW TO REGISTER

Complete the registration form and return along with payment. Remember, registration is not considered complete until the full payment has been made. Classes will be offered on a first-paid, first-serve basis.

Students may register by:

By Mail

Mail the completed registration and payment to:
Harcum College
Continuing & Professional Studies
750 Montgomery Avenue
Bryn Mawr, PA 19010-3476

By Fax

Fax the completed registration form with credit card information to 610-526-6082.

By Phone

Call the Continuing & Professional Studies Office at 610-526-6083 with credit card information.

In Person

Visit the Office of Continuing & Professional Studies, located in room 110 of the Academic Center, Monday through Thursday between 10:00 am and 6:00 pm, or Friday between 10:00 am and 4:00 pm.

COURSE CONFIRMATION

You will receive a confirmation of your enrollment and course information approximately two (2) weeks before the start of class.

CANCELLATION & REFUND POLICY

- Harcum College reserves the right to add or drop a course/program according to enrollment.
- If you wish to withdraw from a course, cancellation must be received in writing five (5) business days before the class is scheduled to begin or a refund will not be granted. Refunds are subject to a \$25 return fee.

FINANCIAL AID

Traditional financial aid is not available to Continuing & Professional Studies students, however loans are available through Sallie Mae. Arrangements are made directly between the lender and the student. For more information, please visit www.salliemae.com.

QUESTIONS/CONCERNS

Questions and concerns should be directed to the Office of Continuing & Professional Studies at 610-526-6083.

Registration

Personal Information

Full Name _____

SS# _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Email address _____

How did you hear about us? _____

Professional Information

Dental Office & Dentist Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax# _____

Payment Information

Payment must be made in full before registration is considered complete.

Total Amount: \$1,200.00

I have enclosed a check, made payable to Harcum College in the amount of \$ _____

I authorize Harcum College to charge all fees to: ___ Visa ___ MasterCard

Credit Card # _____ Expiration Date _____

Name on Credit Card _____ Signature _____

By completing this form, I accept responsibility for the payment of the course and any costs associated with the course. Any cancellation must be received in writing five (5) business days before the class is scheduled to begin or a refund will not be granted. Refunds are subject to a \$25 return fee.