

Thaddeus Stevens College of Technology

**Office of Workforce Development & Continuing Education**  
**Credit Course Registration Form**

Please Print Legibly: DATE \_\_\_\_\_

NAME (Last, First, MI.) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

PHONES: Day \_\_\_\_\_ Evening \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (required)

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required)

EMPLOYER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_\_

COURSE TITLE \_\_\_\_\_

START DATE \_\_\_\_\_ TIME: \_\_\_\_\_

COURSE TUITION: \$ \_\_\_\_\_ MATERIALS: \$ \_\_\_\_\_

TOTAL COST: \$ \_\_\_\_\_

Method of Payment\* Check# \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder Signature \_\_\_\_\_

**MAIL FORM TO: Thaddeus Stevens College of Technology OR FAX FORM TO: 717-299-7748**

**Office of Continuing Education  
750 East King Street  
Lancaster, PA 17602-3198**

***PLEASE NOTE: Full payment must be sent with this application. \*If paying by check, PLEASE MAKE CHECK PAYABLE TO TSCT. Students will be notified by email or phone approximately one week before the scheduled start of the course to verify that the course will be held as scheduled or if there are any course changes or cancellations. Payment will be returned if the course is cancelled because of low enrollment.***

**FOR FURTHER INFORMATION OR QUESTIONS PLEASE CALL: 717- 391-3543 or visit our website at [www.stevenscollege.edu](http://www.stevenscollege.edu) and click on Workforce Development and Continuing Education.**

