# APPLICATION

## Alternative Dental Assisting Program

*Please return this registration form with your payment.*
*Registration deadline is two weeks prior to start of course.*

### Select one:

[ ] 60357 - Spring 2018 [ ] 50001 - Fall 2018

Name _____
First Middle Last

Have you previously attended Hudson Valley Community College? If yes, please list any other names your academic records may be listed under.

_____

Date of Birth _____ / _____ / _____

Social Security Number _____ / _____ / _____

Address _____

City _____

State _____ Zip Code _____

Phone _____

Email _____

### I have enclosed:

[ ] High School diploma or its equivalent

[ ] ADAP Agreement

### Method of Payment:

[ ] Check (payable to Hudson Valley Community College)

[ ] Mastercard [ ] Visa [ ] Discover

Account # _____

Exp. Date _____ 3-digit Security Code _____

Cardholder's Name _____

### Return application with payment to:

Hudson Valley Community College
Community and Professional Education
80 Vandenburgh Avenue
Troy, NY 12180

**Ph: (518) 629-7339**
**Fax: (518) 629-8103**

Hudson Valley Community College

**Be bold. Be a Viking.**