

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:

☐ ZPED 070 600 - Spring 2020 ☐ ZPED 070 500 - Fall 2020

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 Vandenberg Avenue
Troy, NY 12180

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



The State University
of New York