



HONOLULU COMMUNITY COLLEGE
APPRENTICESHIP OFFICE
Registration Form

Fall 20_____
 Spring 20_____

Name: _____
Print: Last Name First Name MI

SSN/UH I.D.#: _____

Mailing Address: _____

Birthdate: _____

City: _____, HI Zip Code _____

Phone: _____

- Apprentice
- Journey Worker
- Other _____

Trade & Status: _____
(e.g. CA-A, DW-J, etc.)

- Billing (Program pays)
- Non-Billing (Student pays)

Class Code (CRN)	Course Alpha	Course Number	Hours	Instructor

Student's / Preparer's Signature: _____ Date: _____

Note: Please fill out one registration form for each class selected.

Student's Name: _____

UBC ID #: _____

Course Name: _____

Preferred Date: _____

Email Address: _____