

Application for Non-credit Courses

Please Print All Information

Course _____ Date Course Starts _____

Name _____

E-mail _____

Address _____

City _____ State _____ ZIP _____

Phone: home _____ work _____ cell _____

Amount Enclosed: \$ _____

MasterCard/Visa # _____ Expiration Date _____

Payment must be included with this application.

MAIL TO:
Harding University
Office of Lifelong Learning
Box 10762
Searcy, AR 72149