REGISTRATION FORM

Schoolcraft College
Continuing Education
AND Professional Development

Registration/Admission Form | Winter 2018

Please use one registration form per student. Duplicate this form as needed.

Before registering, notify the college of any change to name, address or phone number(s). Entering new contact information on your registration form does **not** automatically update your record. Changes must be submitted on a Personal Data Change Form which can be found in the FAQ section of our web site.

1. Are you Hispanic? ❑ Yes ❑ No

2. Please select one or more races:
- ❑ American Indian or Alaska Native
- ❑ Asian ❑ Black or African American
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White

DATE OF BIRTH ___-___-___ | STUDENT NUMBER (To be assigned to first-time students.) | **OR** | SOCIAL SECURITY NUMBER ___-___-___ (Returning students only need to include the last 4 digits.) | ❍ Male ❍ Female

LAST NAME | FIRST NAME | MI/FORMER NAME

NUMBER AND STREET | CITY

STATE | ZIP CODE | EMAIL ADDRESS

DAY PHONE ___-___-___ | EVENING PHONE ___-___-___ | CELL PHONE ___-___-___

Section No.	CES, CES2, CESN No.	Title of Class	Amount
			$
			$
			$
			$
			$
			$
			$

Are you 60+? See Senior Adult Tuition Policy on page 49. **TOTAL:** $

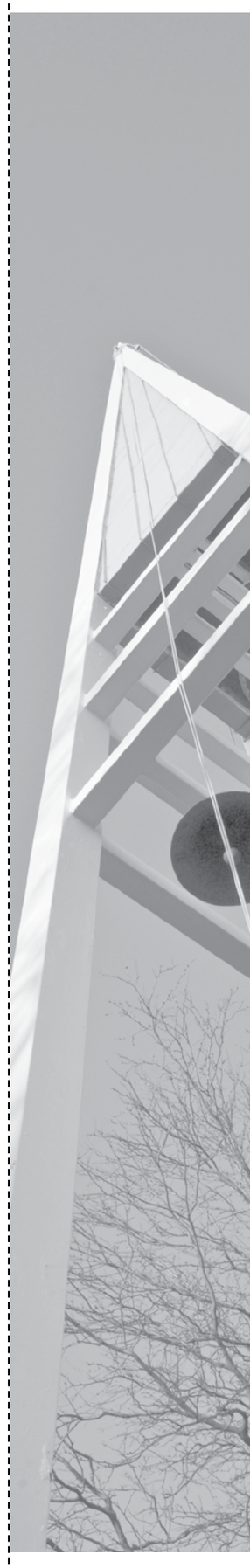
If registering for a Physical Fitness class, review waiver online at www.schoolcraft.edu/cepd/register before registering. Your registration signifies agreement to the waiver terms.

Mail to:
Schoolcraft College
Registration: CEPD
18600 Haggerty Road
Livonia, MI 48152-2696

Company-paid tuition:
Please send a copy of your purchase order when you register.
Co. Name _____
Co. Address _____
Billing Contact Person _____
PO# _____

For office use only:

❑ Enclosed is my Check/Money Order payable to Schoolcraft College (if your check is returned because of insufficient funds, we may redeposit it electronically)

❑ Charge to VISA/MC/Discover/AMEX No. _____ Exp. Date _____/_____

_____
Signature required for charge card payment