

REGISTRATION FORM

Schoolcraft College

Continuing Education AND Professional Development

Registration/Admission Form | Spring/Summer 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

<div style="display: flex; justify-content: space-between; width: 100%;"> DATE OF BIRTH STUDENT NUMBER OR SOCIAL SECURITY NUMBER </div> <div style="display: flex; justify-content: space-between; width: 100%; font-size: 8px;"> To be assigned to first-time students. Returning students only need to include the last 4 digits. </div>	<input type="radio"/> Male <input type="radio"/> Female
<div style="display: flex; justify-content: space-between; width: 100%;"> LAST NAME FIRST NAME MI/FORMER NAME </div>	
<div style="display: flex; justify-content: space-between; width: 100%;"> NUMBER AND STREET CITY </div>	
<div style="display: flex; justify-content: space-between; width: 100%;"> STATE ZIP CODE EMAIL ADDRESS </div>	
<div style="display: flex; justify-content: space-between; width: 100%;"> DAY PHONE EVENING PHONE CELL PHONE </div>	

Section No.	CES, CES2, CESN No.	Title of Class	Amount
_ _ _ _	_ _ _ _		\$ _ _ _ _ . _ _
_ _ _ _	_ _ _ _		\$ _ _ _ _ . _ _
_ _ _ _	_ _ _ _		\$ _ _ _ _ . _ _
_ _ _ _	_ _ _ _		\$ _ _ _ _ . _ _
_ _ _ _	_ _ _ _		\$ _ _ _ _ . _ _
_ _ _ _	_ _ _ _		\$ _ _ _ _ . _ _
_ _ _ _	_ _ _ _		\$ _ _ _ _ . _ _
Are you 60+? See Senior Adult Tuition Policy on page 45. 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

<p>Company-paid tuition: Please send a copy of your purchase order when you register.</p> <p>Co. Name _____</p> <p>Co. Address _____</p> <p>Billing Contact Person _____</p> <p>PO# _____</p>	<p>For office use only:</p>
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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

