

# REGISTRATION FORM

## Schoolcraft College

### Continuing Education AND Professional Development

#### Registration/Admission Form

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

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

             
 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
<input type="text"/>	<input type="text"/>	_____	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	_____	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	_____	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	_____	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	_____	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	_____	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	_____	\$ <input type="text"/>
<b>TOTAL:</b>			\$ <input type="text"/>

**If registering for a Physical Fitness class, review waiver online at [www.schoolcraft.edu/cepd/registration](http://www.schoolcraft.edu/cepd/registration) before registering. Your registration signifies agreement to the waiver terms.**

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

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