

# REGISTRATION FORM

## Schoolcraft College

### Continuing Education AND Professional Development

#### Registration/Admission Form

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

**This form will be used to update your contact information.**

For name change requests, contact the Registration Office/Answer Center at 734-462-4426.

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 (MM-DD-YY)    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"/>	<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