

Adult and Continuing Education

Online Registration Form

Please Print

Semester: _____

Last Name

First Name

Middle Initial

Date of Birth ____ - ____ - ____ Male Female

Home Address

Apt.

City

State

Zip Code

(____) _____

Home Phone

(____) _____

Cell Phone

(____) _____

Work Phone

E-mail Address

How did you hear about us?

COURSE CODE	COURSE TITLE	DAYS	TIME	TUITION	LOCATION/ROOM
REGISTRATION FEE (Non-refundable)				\$25.00	
TOTAL TUITION					

Methods of Payment:

Online Payment Credit Card/ Debit Card Other

Program Title: _____ Semester: _____

Scheduled Start Date: _____ today's Date: _____

PREREQUISITES AND REQUIRED FORMS

- | | |
|---|---|
| <input type="checkbox"/> High School Diploma or Equivalency | <input type="checkbox"/> Money Order (for Flexible Payment Plan) |
| <input type="checkbox"/> College Transcript | <input type="checkbox"/> NSO/Personal Insurance (For CNA/PCT, only) |
| <input type="checkbox"/> Writing Sample | <input type="checkbox"/> Flu Shot Waiver (For CNA/PCT, only) |
| <input type="checkbox"/> Health Form (For CNA/PCT, only) | <input type="checkbox"/> Email Address |