

# Continuing Education Registration Form

For the fastest, most convenient method of registering...



301-934-7888  
or call  
301-870-2309, or  
301-475-6707, ext. 7888

STUDENT'S SOCIAL SECURITY NUMBER \_\_\_\_\_ or \_\_\_\_\_ STUDENT ID # \_\_\_\_\_ year \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ DATE OF BIRTH (month/day/year) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY OR TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAY TELEPHONE: (AREA CODE) NUMBER \_\_\_\_\_ EXT. \_\_\_\_\_ EVENING TELEPHONE: (AREA CODE) NUMBER \_\_\_\_\_ EXT. \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ EMERGENCY TELEPHONE: (AREA CODE) NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Gender: Male  Female

Racial/ethnic Category:  African-American  Asian/Pacific Islander  Caucasian  Hispanic  
 Native American  Foreign  Other

Residency:  Charles County  Calvert County  St. Mary's County  Other MD County \_\_\_\_\_  Out of State

Indicate your main reason for attending CSM:

<input type="checkbox"/> 1--exploration of new career or academic areas	<input type="checkbox"/> 4--for interest and self-enrichment
<input type="checkbox"/> 2--preparation for immediate entry into a career	<input type="checkbox"/> 5--workforce training
<input type="checkbox"/> 3--to update skills for a job presently held	<input type="checkbox"/> 6--other

The information I have provided above is accurate. I understand that I am financially responsible for all charges I incur at CSM and I will follow the college's policies and procedures.

\_\_\_\_\_  
DATE SIGNATURE OF PARENT OR GUARDIAN DATE SIGNATURE OF APPLICANT  
(IF STUDENT UNDER 16 YEARS OF AGE)

## Please Note: PAYMENT MUST ACCOMPANY THIS REGISTRATION!

For students registering for Kid's College or youth program classes, a parent or guardian **MUST** fill out the Programs for Youth Emergency Data form on the back.

If payment is to be made by Visa or MasterCard, please provide the following (check one): Visa  MasterCard

CREDIT CARD NUMBER _____	EXPIRATION DATE _____
NAME ON CARD (PRINT) _____	SIGNATURE _____

DEPT.	COURSE NO.	SECTION	COURSE TITLE	BEGIN DATE	COURSE TUITION	RESIDENCY FEE* (see below)	COURSE FEE	TOTAL
<b>TOTAL</b>								

\*RESIDENCY FEE: Charles, Calvert, and St. Mary's counties--as listed; other Maryland residents--add \$5.00 to tuition listed; out-of-state residents--add \$10.00 to tuition listed.

**MAKE CHECK PAYABLE TO CSM AND MAIL WITH FORM TO:**  
COLLEGE OF SOUTHERN MARYLAND,  
CONT. ED. (REG), PO BOX 910, LA PLATA MD 20646-0910.

**FOR FAX-IN REGISTRATION:** 301-934-7698

<b>REGISTRAR'S OFFICE</b>	
DATE ENTERED _____	INITIALS _____