

Registration Form

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STUDENT'S SOCIAL SECURITY NUMBER* _____ or STUDENT ID # _____ year _____
 (*Providing a social security number in connection with a continuing education course is voluntary, unless enrollment is pursuant to the Workforce Investment Act or as otherwise required by law.)

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:
 1--exploration of new career or academic areas 4--for interest and self-enrichment
 2--preparation for immediate entry into a career 5--workforce training
 3--to update skills for a job presently held 6--other

The information I have provided above is accurate. I understand that I am financially responsible for all charges that I incur at CSM and that the Student Code of Conduct (available from the Student Life Department) applies to all CSM students. I will follow all of the college's policies and procedures. When registering for WFS or youth courses, I understand that I (or my parent or guardian if I am less than 16 years old) will be required to sign a Statement of Informed Consent, Assumption of Risk and Release Form as well as a health status questionnaire prior to my (or my child's) participation in the activity. Based upon the results of the health status questionnaire, a medical release may be required prior to participation. I also understand that, in the event of an emergency, the college will contact emergency services to arrange transport for me (or my child) to a nearby health-care facility.

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

PAYMENT MUST ACCOMPANY THIS REGISTRATION!

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

*RESIDENCY FEE: Maryland residents living outside of Charles, Calvert, and St. Mary's counties--add \$5.00 to course fee listed, out-of-state residents--add \$10.00 to course fee listed. **TOTAL**

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

REGISTRAR'S OFFICE

DATE ENTERED _____ INITIALS _____

Statement for prospective students: The College of Southern Maryland makes several federally required reports and statistics available for prospective students. The annual security report contains college policies regarding a variety of safety and security issues and includes crime statistics for the college. This report is available at www.csm.edu/about/security.html. The college also maintains a report addressing participation rates by students in intercollegiate athletics, coaching staffs, and certain expenses associated with intercollegiate athletic teams. Both reports may also be obtained by contacting the Registrar's Office, located in the AD Building on the La Plata Campus and at 301-934-7588.

Nondiscrimination Policy

The College of Southern Maryland does not discriminate on the basis of race, color, national origin, gender, disability, age, sexual orientation, religion, or marital status in its programs or activities. The academic support/ADA coordinator, Disability Support Services (Room LR123 at the La Plata Campus, 301-934-7614) has been designated to handle inquiries regarding nondiscrimination on the basis of disabilities. The executive director, Diversity and Equal Opportunity (Room CC208A at the La Plata Campus, 301-934-7658) has been designated to handle all other nondiscrimination inquiries.



Individuals with disabilities who require special accommodations in order to participate in the college's instructional programs should notify the academic/ADA coordinator or the assistant ADA coordinator at least one month before the class begins. Requests made after this deadline will be considered on an individual basis and addressed whenever possible.