College of Southern Maryland
Kids/Teen College
Add/Drop Form

Student Information

Students ID# (can be found on your registration form) DATE

Last Name First Name Middle Initial Date of Birth

ADD CLASSES

DEPT.	COURSE #	SECTION	COURSE TITLE	BEGIN DATE	COURSE FEE	RESIDENCY FEE	TOTAL AMOUNT

DROP CLASSES

DEPT.	COURSE #	SECTION	COURSE TITLE	BEGIN DATE

Signature of parent or guardian **Date**

Payment and registration options
In person at any campus-may make payment by cash, credit card or check.
Fax-301-934-7698-must provide credit card information below.
Mail-must provide payment with credit card information or check and mail to:
CSM
Kids College Registration
P.O. Box 910
8730 Mitchell Road
La Plata, MD. 20646-910

Credit Card # Expiration Date

Name on Card printed Name on card signature