CSM REGISTRATION FORM Saturday Classes

year _____

STUDENT'S SOCIAL SECURITY NUMBER or STUDENT ID #

(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 ☐ Native American ☐ Asian/Pacific Islander ☐ Foreign ☐ Caucasian ☐ Other ☐ Hispanic

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
☐ 2--preparation for immediate entry into a career
☐ 3--to update skills for a job presently held
☐ 4--for interest and self-enrichment
☐ 5--workforce training
☐ 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. 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.

SIGNATURE OF PARENT OR GUARDIAN DATE

Please Note:
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	DATE	COURSE TUITION	RESIDENCY FEE* (see below)	COURSE FEE	TOTAL

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.

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.csmd.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.