

# registration form

WINTER/SPRING 2010 PROVIDENCE COLLEGE SCHOOL OF CONTINUING EDUCATION

general information: please print

BANNER ID: \_\_\_\_\_ SSN: (for tax purposes only) Check here if not providing SSN  DATE: \_\_\_\_\_

NAME: last \_\_\_\_\_ first \_\_\_\_\_ mi \_\_\_\_\_

ADDRESS: street no. \_\_\_\_\_ Check here if new address.

ADDRESS: city/town \_\_\_\_\_ state \_\_\_\_\_ zip code \_\_\_\_\_

TELEPHONE: home \_\_\_\_\_ cell \_\_\_\_\_ business \_\_\_\_\_

E-MAIL: required for all distance-learning courses and ANGEL access \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_ Do you receive company reimbursement? N Y %

EMPLOYER ADDRESS: street no. \_\_\_\_\_ city/town \_\_\_\_\_ state \_\_\_\_\_ zip-code \_\_\_\_\_

**Please circle your responses to the following:**

Do you plan to receive educational benefits from the VA? N Y

Educational Goal: BACHELOR'S ASSOCIATE'S CERTIFICATE NON-DEGREE STUDENT SUMMER/WINTER SESSION COURSE ONLY OTHER: \_\_\_\_\_

Have you ever taken courses at Providence College? N Y If YES, when? \_\_\_\_\_

Are you a degree student in the School of Continuing Education? N Y

Are you a degree student at another institution? N Y High school student? N Y

How did you hear about the Providence College School of Continuing Education?  
TV RADIO NEWSPAPER OTHER \_\_\_\_\_

Providence College is in compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1991. If you have any special needs as covered by this legislation, please notify the associate dean in the School of Continuing Education office at 401.865.2487.

To register by mail, complete and return entire page with payment. To register by fax, complete form, include payment by VISA or MasterCard, sign and fax entire page to 401.865.1105. **Payment or proof of payment is due at time of registration.**

DATE OF BIRTH \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING:  
 MALE  FEMALE

RACE & ETHNICITY  
A. Are you Hispanic or Latino?  yes  no  
B. Regardless of how you respond to question A, please choose one or more races from the list below:  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

CITIZENSHIP  
 U.S. Citizen  
 International/Non-Immigrant  
visa type: \_\_\_\_\_  
 Permanent Resident

courses

INTERSESSION NO., TERM NO., SEMESTER, OR DISTANCE LEARNING	DEPT.	COURSE NO.	CRN	COURSE CHARGE	NO. OF CREDITS	AUDIT (0 credits)	APPROVAL (SCE use only)
example: term 1	ART	101	1071				

SPECIAL PAYMENT STATUS:

- Alumni  Senior Citizen  
 Audit  Staff  
 Religious/Clergy  Financial Aid  
 Third party payment

costs

TOTAL COURSE CHARGES:	TOTAL LAB FEES:	GRAND TOTAL:
\$ _____	+ \$ _____	= \$ _____

PAYMENT OR PROOF OF PAYMENT IS DUE AT TIME OF REGISTRATION.

## WINTER/SPRING 2010 PAYMENT FORM: Providence College School of Continuing Education

STUDENT'S NAME: last \_\_\_\_\_ first \_\_\_\_\_ mi \_\_\_\_\_ BANNER ID: \_\_\_\_\_

TOTAL REGISTRATION CHARGE: \$ \_\_\_\_\_

METHOD OF PAYMENT (circle one): PAYMENT IN FULL WITH ENCLOSED CHECK CREDIT CARD

VISA or MASTERCARD Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Make checks payable to Providence College/SCE and include your Banner ID or Social Security number on the check.  
 Mail to: Providence College, Academic Scheduling and Registration, Harkins Hall 411, 1 Cunningham Square, Providence, RI 02918-0001