

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.**

registration form

FALL 2009 PROVIDENCE COLLEGE SCHOOL OF CONTINUING EDUCATION

general information: please print

BANNER ID: _____ SSN: (for tax purposes only) _____ 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 _____

Important!
Please see page 14 for payment and refund policy.

DATE OF BIRTH _____

PLEASE CHECK ONE OF THE FOLLOWING:
 MALE FEMALE

RACE & ETHNICITY
Are you Hispanic or Latino? yes no
(Please choose one or more)

White Alaskan Native
 African American Asian or Pacific Islander
 American Indian Non-Resident Alien

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

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
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.

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.

FALL 2009 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