

Chesapeake College

Division of Continuing Education and Workforce Training - 410-827-5850

Open Enrollment Registration Form

(All information must be completed to process registration.)

Name: (Print) _____
Last First Middle

Home Address: _____
Street P.O. Box

City or Town State Zip Code

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ E-mail Address: _____

*Social Security #: _____ *Date of Birth: (month/day/year) _____
*(Date of Birth is required by the College to ensure the integrity of student records and to meet federal government reporting requirements.) **Online Registration is now available for non-credit students. A student's Date of Birth AND Social Security number will have to be on file to be able to Register online. Include both your Date of Birth and Social Security number on this registration form to be able to take advantage of ONLINE Registration in the future.*

Have you previously been a student at Chesapeake College (credit or non credit): Yes No

Senior Citizen: (60 or older) Yes No Gender: Male Female

Ethnicity: Part 1: Hispanic or Latino origin Yes (HIS) No (NHIS).
 Part 2: If you are not Hispanic or Latino, please select one or more of the following:

Race: American Indian or Alaska Native (AN) Asian (AS) Black or African American (BL)
 Native Hawaiian or other Pacific Islander (HP) White (WH)

I certify that I am a legal resident of _____ County, MD.

Student's Signature _____ *Date* _____

Method of Payment: Check Credit Card Money Order Purchase Order
 Sponsorship Billing Deferred Payment Plan

In order to process this registration, payment must accompany the completed registration form. If payment is made by credit card or debit card, information may be faxed to: 410-827-5852.

MAKE CHECKS PAYABLE TO CHESAPEAKE COLLEGE (Do Not Mail Cash!)

Charge my tuition to: (Check One) VISA Master Card American Express Discover Card

Card Number: _____ Expiration Date: _____ CID# _____
*Note: CID# is the last three digits in the signature box on the back of your credit card.

Cardholder's Name: _____

Authorized Cardholder's Signature: _____

NO WRITTEN CONFIRMATION OF REGISTRATION WILL BE MAILED. You should attend your selected class at the time listed in the schedule of classes. For more information, call the Division of Continuing Education at 410-827-5850.

COMPLETE COURSE INFORMATION BELOW:

Dept./Number Section	Title & Start Date	Tuition	Fees	Total

\$5 Reg. Fee Per class _____

Total Amount Due _____

Note: Caroline, Dorchester, Kent, Queen Anne's and Talbot county residents are in Chesapeake College's service area. Refer to the schedule of classes for appropriate fees. Senior Citizens must pay CES, AFC and FTW, tuition and fees. **Mail registration form with payment to: Chesapeake College, Business Office, P.O. Box 8, Wye Mills, MD 21679.**