Continuing Education Registration Form

Mail to: **Lehman College,** Office of Continuing Education **Please Print** 2/04
250 Bedford Park Blvd. West, Bronx, NY 10468-1589
Telephone: (718) 960-8512, FAX: (718) 733-3254 (Credit Card Only)

Social Security Number _____ Date of Birth ____/____/____

Name ❑ Mr. ❑ Ms. _____
LAST *FIRST* *MIDDLE*

Street Address _____

City/State/Zip _____ Apt. # _____

Home Telephone ( ) _____ Business Telephone ( ) _____

E-mail _____

PERSON/COMPANY PAYING FOR REGISTRATION OTHER THAN STUDENT:

Name ❑ Mr. ❑ Ms. _____
LAST *FIRST* *MIDDLE*

Street Address _____

City/State/Zip _____ Apt. # _____

Company Name _____

COURSE CODE	SEC.	TITLE	$ TUITION

Add Registration Fee	**$ 17.00**
***Application Fee $25.00**	
Certificate Fee $4.00	
Transcript Fee $4.00	
†Testing Fee $15.00	
Total Enclosed	**$**

* *Application fee required only for Professional Certificate Programs.*

† *For adult programs or courses requiring placement exam.*

Complete All Information That Applies

❑ Senior Citizen

❑ Child: Age _____

School _____ Grade _____

I plan to complete a certificate program.
❑ Yes ❑ No

Title _____

I have filed a certificate program application.
❑ Yes ❑ No

Registration No. for Real Estate C.E. Credit:

_____

Method of Payment:

NO CASH PAYMENTS WILL BE ACCEPTED

❑ I enclose check or money order payable to Lehman College.

❑ I authorize use of my credit card.

❑ MasterCard ❑ Visa

Card No. _____

Expiration Date: _____
Month *Year*

_____
Signature of Cardholder

_____
Print Name of Cardholder

This form may be duplicated for additional registrations.