

REGISTRATION FORM

Register in person or mail to: **Lehman College**
Office of Continuing Education
250 Bedford Park Blvd. West, Bronx, NY 10468-1589

Register by phone or fax: **Telephone: (718) 960-8512**
Fax: (718) 733-3254
 Register by computer: **Website: www.lehman.edu/ce**

SOCIAL SECURITY NO.

DATE OF BIRTH

MR. MS. _____
 LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE _____ BUSINESS TELEPHONE _____

E-MAIL

PERSON/COMPANY PAYING FOR REGISTRATION OTHER THAN STUDENT

MR. MS. _____
 LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS _____ APT# _____

CITY _____ STATE _____ ZIP _____

COMPANY NAME _____

COMPLETE ALL INFORMATION THAT APPLIES

SENIOR CITIZEN CHILD AGE _____ SCHOOL _____ GRADE _____

HIGHEST LEVEL OF EDUCATION (CHECK ONE)

HIGH SCHOOL/GED SOME COLLEGE ASSOCIATE'S DEGREE BACHELOR'S DEGREE POST-GRAD STUDIES

I PLAN TO COMPLETE A CERTIFICATE PROGRAM YES NO

TITLE _____

I HAVE FILED A CERTIFICATE PROGRAM APPLICATION YES NO

COURSE NUMBER	SECTION NUMBER	COURSE NAME	TUITION
* Application fee required only for Professional Certificate Programs. + For adult programs or courses requiring placement exam.			Add Registration Fee: \$20.00 * Certificate Program Application Fee: \$25.00 Certificate Fee: \$4.00 Transcript Fee: \$4.00 + Testing Fee: \$15.00 (when applicable)
			Total Enclosed \$

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:

SIGNATURE OF CARDHOLDER _____

PRINT NAME OF CARDHOLDER _____