PROVIDENCE COLLEGE

School of Continuing Education
Course Registration Form

Term: *(circle one):* **Fall ~ Winter Intersession ~ Spring ~ Summer**

Date: _____

Name: _____   **Banner ID:** _____
   Last   *First*   *Middle Initial*   *if available*

Birth Date: _____   **Email Address:** _____
          Month   *Day*   *Year*   *Required*

Gender: □ Male   □ Female   **Social Security Number:** _ _ _ - _ _ - _ _ _ _ □ *decline to provide*
                                                      FOR TAX PURPOSES ONLY

Current Address: _____
               Street   *City*   *State*   *Zip Code*

Permanent Address: _____
If different   *Street*   *City*   *State*   *Zip Code*

Telephone Numbers: _____
               Home   *Cell*   *Business*

Employer Name: _____   Do you receive company reimbursement? □ No □ Yes _____%

Race & Origin: (optional)
    A.   Are you Hispanic/Latino?   □ Yes   □ No
    B.   Regardless of how you answered A, please indicate
            □ **American Indian or Alaska Native**   □ **Asian**   □ **Black or African American**
            □ **Native Hawaiian or Other Pacific Islander**   □ **White**

Citizenship: □ **U.S. Citizen**   □ **Permanent Resident**   □ **International/Non-Immigrant   (Visa type _____)**

Have you ever taken courses at Providence College?   □ No   □ Yes   When? _____
Do you plan to pursue a degree or certificate program at Providence College?   □ No   □ Yes
Do you plan on receiving educational benefits from the Veteran's Administration?   □ No   □ Yes

COURSES

Term or Distance Learning	DEPT	Course Number	CRN	Course Charge	Number of Credits	Audit (0 Credits)	Approval (Dean's use Only)
Ex: May-mester, Summer I Summer II	*ART*	*101*	*1071*		**3**		

Special Payment Status: □ **Alumni**   □ **Financial Aid**   **Tuition: $_____ + Lab Fees $_____ = Grand Total: $_____**
□ **Religious/Clergy**   □ **Faculty/Staff**
□ **Senior Citizen**   □ **Third Party Billing**
□ **GI Benefit**   □ **GPCC_____code**

Note: Payment or proof of payment is due at time of registration. Please attach payment form to this Registration Form.
    Day students must submit Dean's Office approval form with registration.

Return both this registration form and the completed payment form to the School of Continuing Education:

    Fax To: **401-865-1723**
    Mail To: **Providence College-SCE, Harkins Hall 109, One Cunningham Square, Providence, RI 02918.**

School of Continuing Education- PAYMENT FORM

Date	
Student Name	
Student Banner ID	
Payment Method(Checks made payable to Providence College)	☐ Check ☐ Credit Card
Amount to be Charged	
Credit Card Type (Visa or Mastercard only)	
Credit Card Number	
Expiration Month	
Expiration Year	
Cardholder Name	
Billing Address	
City	
State/Province/Region	
Zip/Postal Code	
Card ID Code (3-digit) on back of credit card	
CARDHOLDER Signature	
CARDHOLDER Email Address	
STUDENT Email Address	

Please note all fields are required