

Registration Form

160 CONVENT AVENUE
SHEPARD HALL, ROOM 2
NEW YORK, NY 10031
Tel: 212-650-7312
Fax: 212-650-6614

SUMMER SPRING FALL 20__ __

LAST NAME FIRST NAME DATE OF BIRTH

ADDRESS APT/SUITE NUMBER

CITY, STATE, ZIP CODE

DAY TIME NUMBER CELL PHONE/ALTERNATE PHONE NUMBER

EMAIL ADDRESS

HOW DID YOU HEAR ABOUT US?
 RECEIVED CATALOG IN MAIL CPS BUSINESS FLYER REFERRAL CPS WEBSITE OTHER _____

ETHNICITY/RACIAL GROUP (OPTIONAL)
 BLACK/AFRICAN AMERICAN WHITE/CAUCASIAN ASIAN/PACIFIC ISLANDER HISPANIC/LATINO
 OTHER _____

Course Registration

COURSE NUMBER	COURSE TITLE	FEE

TOTAL \$

Credit Card Authorization Form

STUDENT'S NAME

STUDENT'S ID NUMBER

CARDHOLDER'S NAME (AS IT APPEARS ON THE CARD)

CARD NUMBER CARD EXPIRATION DATE

**MAIL COURSE REGISTRATION FORM TO: CCNY - CONTINUING AND PROFESSIONAL STUDIES
160 CONVENT AVENUE, SHEPARD HALL, ROOM 2 NEW YORK, NY 10031**