

# CSM Continuing Education Registration Form



Mail or fax this form with credit card information or a check made payable to CSM. **PAYMENT MUST ACCOMPANY THIS REGISTRATION.**  
 MAIL TO: COLLEGE OF SOUTHERN MARYLAND, CONT. ED. (REG), PO BOX 910, La Plata MD 20646-0910 or FAX TO: 301-934-7698

STUDENT'S SOCIAL SECURITY NUMBER\* or STUDENT ID # \_\_\_\_\_ year \_\_\_\_\_  
 (\*Providing a social security number in connection with a continuing education course is voluntary, unless enrollment is pursuant to the Workforce Investment Act or as otherwise required by law.)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ DATE OF BIRTH (month/day/year)(required) \_\_\_\_\_

FORMER NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAY TELEPHONE ((area code) number) \_\_\_\_\_ EXT. \_\_\_\_\_ EVENING TELEPHONE ((area code) number) \_\_\_\_\_ EXT. \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ EMERGENCY TELEPHONE ((area code) number) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN FOUND GUILTY OF A FELONY?  YES, I HAVE BEEN CONVICTED OF A FELONY  NO, I HAVE NOT BEEN CONVICTED OF A FELONY

HAS THE ABOVE INFORMATION CHANGED SINCE THE LAST TIME YOU REGISTERED FOR CLASSES?  YES  NO

The College of Southern Maryland collects information on our students' birth date, gender, ethnicity and citizenship which is used for reporting purposes only in compliance with the Maryland Higher Education Commission and U. S. Department of Education. Completion of class will be withheld until information is provided. Visit [www.csm.edu/Academics/Definitions.html](http://www.csm.edu/Academics/Definitions.html) for definitions related to race and ethnicity.

GENDER:  MALE  FEMALE

ARE YOU OF HISPANIC OR LATINO ORIGIN?  YES  NO

WHAT IS YOUR RACE? SELECT ONE OR MORE.  WHITE  BLACK OR AFRICAN AMERICAN  ASIAN  
 AMERICAN INDIAN OR ALASKAN NATIVE  NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

RESIDENCY:  CALVERT COUNTY  CHARLES COUNTY  ST. MARY'S COUNTY  
 OTHER MD COUNTY  OUT OF STATE

ARE YOU A U.S. CITIZEN?  YES, I AM A U.S. CITIZEN/U.S. NATIONAL \_\_\_\_\_ TYPE \_\_\_\_\_ ALIEN REGISTRATION NUMBER \_\_\_\_\_  
 NO, BUT I AM AN ELIGIBLE NONCITIZEN \_\_\_\_\_ IMMIGRATION VISA TYPE \_\_\_\_\_ IMMIGRATION VISA NUMBER \_\_\_\_\_  
 NO, I AM NOT A U.S. CITIZEN NOR AN ELIGIBLE NONCITIZEN

The information I have provided above is accurate. I understand that I am financially responsible for all charges that I incur at CSM and that the Student Code of Conduct (available from the Student Life Department) applies to all CSM students. I will follow all of the college's policies and procedures. When registering for WFS or youth courses, I understand that I (or my parent or guardian if I am less than 18 years old) will be required to sign a Statement of Informed Consent, Assumption of Risk and Release Form, and/or a health status questionnaire prior to my (or my child's) participation in the activity. Based upon the results of the health status questionnaire, a medical release may be required prior to participation. I also understand that, in the event of an emergency, the college will contact emergency services to arrange transport for me (or my child) to a nearby health-care facility.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE (month/day/year) \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE (month/day/year) \_\_\_\_\_  
 (IF APPLICANT IS UNDER 18 YEARS OF AGE)

## PAYMENT MUST ACCOMPANY THIS REGISTRATION!

SUBJECT	COURSE NO.	SECTION NO.	COURSE TITLE	BEGIN DATE	COURSE TUITION	RESIDENCY FEE*	COURSE FEE	TOTAL
<b>TOTAL</b>								

\*RESIDENCY FEE: Maryland residents living outside of Charles, Calvert, and St. Mary's counties—add \$5.00 to course fee listed, out-of-state residents—add \$10.00 to course fee listed.

**Statement for prospective students:** The College of Southern Maryland makes several federally required reports and statistics available for prospective students. The Campus Public Safety Report contains college policies regarding a variety of safety and security issues and includes crime statistics for the college. This report is available at [www.csm.edu/about/security.html](http://www.csm.edu/about/security.html). The college also maintains a report addressing participation rates by students in intercollegiate athletics, coaching staffs, and certain expenses associated with intercollegiate athletic teams. Both reports may also be obtained by contacting the Registrar's Office, located in the AD Building on the La Plata Campus and at 301-934-7588.

### NONDISCRIMINATION POLICY

The College of Southern Maryland does not discriminate on the basis of race, color, national origin, gender, disability, age, sexual orientation, religion, or marital status in its programs or activities. The academic support/ADA coordinator, Disability Support Services (Room LR123 at the La Plata Campus, 301-934-7614) has been designated to handle inquiries regarding nondiscrimination on the basis of disabilities. The executive director, Diversity and Equal Opportunity (Room CC208A at the La Plata Campus, 301-934-7658) has been designated to handle all other nondiscrimination inquiries.

**ADA STATEMENT**  
 Individuals with disabilities who require special accommodations in order to participate in the college's instructional programs should notify the academic support/ADA coordinator at 301-934-7614 at least one month before the class begins. Requests made after this deadline will be considered on an individual basis and addressed whenever possible.

TYPE OF CREDIT CARD:  
 VISA  MASTERCARD

\_\_\_\_\_

TOTAL AMOUNT \_\_\_\_\_

CREDIT CARD NUMBER \_\_\_\_\_

EXPIRATION DATE (month/year) \_\_\_\_\_

NAME ON CARD (please print) \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_

REGISTRAR'S OFFICE USE ONLY

DATE ENTERED (month/day/year) \_\_\_\_\_ INITIALS \_\_\_\_\_