

PROFESSIONAL & COMMUNITY ENRICHMENT REGISTRATION FORM



CHECK ONE: Winter / Spring Summer Fall

GENDER: MALE FEMALE

PERSONAL INFORMATION:

Today's Date _____ Date of Birth _____ Social Security # / Student ID# _____

Last Name _____ First Name _____ Middle Initial _____

Home Address (# and Street) _____ City or Town _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Email _____

CITIZENSHIP: US Other: _____ RESIDENT ALIEN: Yes No

NON-IMMIGRANT: F-1 F-2 J-1 J-2 B-2 Other: _____

Signature _____ Date _____

OPTIONAL:

All students, please fill in the appropriate box for required government reports.

American Indian or Alaskan Native Hispanic White, Non-Hispanic Origin Asian or Pacific Islander Black, Non-Hispanic Origin

Will you be receiving Veteran's Benefits?

Yes, Federal Yes, State (enter V.A. File #: _____) No

Indicate Degree Status

SELECTED PROGRAMS:						
	Course #	Section #	Class #	Course Title	CEU's	Cost
1						
2						
3						
Full refund only if withdrawn before first class. See salemstate.edu/noncredit for full refund policy.					TOTAL:	

**PAYMENT: MAIL-IN REGISTRATION BY CHECK ONLY,
MADE PAYABLE TO SALEM STATE COLLEGE.**

Please complete this form and return this form with full payment to:

Professional and Community Enrichment
Salem State College, Sullivan Building 112
352 Lafayette Street
Salem, Massachusetts 01970