CHESAPEAKE COLLEGE

Division of Continuing Education & Workforce Development
P.O. Box 8, Wye Mills, MD 21679 | ce@chesapeake.edu

OPEN ENROLLMENT REGISTRATION FORM

(All information must be completed to process registration.)

STUDENT INFORMATION

STUDENT'S **LEGAL** LAST NAME _____ STUDENT'S **LEGA**L FIRST NAME _____ STUDENT'S MIDDLE NAME _____

HOME STREET ADDRESS/PO BOX _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER _____ WORK PHONE NUMBER _____ CELL PHONE NUMBER _____ EMAIL ADDRESS _____

STUDENT ID/SOCIAL SECURITY NUMBER* _____ DATE OF BIRTH (MM/DD/YYYY)* ___/___/___ Are you a previous Chesapeake College student? ☐ YES ☐ NO

Are you age 60 or older? ☐ YES ☐ NO

GENDER ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer not to say

*(Date of Birth is required by the College to ensure the integrity of student records and to meet federal government reporting requirements.) *Online registration is now available for noncredit students. A student's date of birth **AND** Social Security number will have to be on file to be able to register online. Include both your date of birth and Social Security number on this registration form to be able to take advantage of **ONLINE REGISTRATION** in the future.*

ETHNICITY: HISPANIC OR LATINO ORIGIN? ☐ YES (HIS) ☐ NO (NHIS)

IF NO, PLEASE SELECT RACE: ☐ AMERICAN INDIAN OR ALASKA NATIVE (AN) ☐ ASIAN (AS)

☐ BLACK OR AFRICAN AMERICAN (BL) ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER (HP) ☐ WHITE OR CAUCASIAN (WH)

I certify that I am a legal resident of _____ County, MD.

I have read and understand the Chesapeake College Student Code of Conduct **www.chesapeake.edu/students/student-code-of-conduct** ☐

STUDENT SIGNATURE _____ DATE ___/___/___

PAYMENT INFORMATION MAKE CHECKS PAYABLE TO CHESAPEAKE COLLEGE. DO NOT MAIL CASH!

Payment must accompany the completed registration form. If paying by credit/debit card, FAX form to 410-827-5852 or upload form at www.chesapeake.edu/registrationupload.

METHOD OF PAYMENT: ☐ CHECK ☐ CREDIT CARD ☐ MONEY ORDER ☐ PURCHASE ORDER

☐ SPONSORSHIP BILLING ☐ PAYMENT PLAN

IF CREDIT/DEBIT, CHARGE MY PAYMENT TO:

☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER CARD NUMBER _____ EXP _____ CVV _____

CARDHOLDER NAME _____ AUTHORIZED CARDHOLDER SIGNATURE _____

NO WRITTEN CONFIRMATION OF REGISTRATION WILL BE MAILED. You should attend your selected class at the time listed in the schedule of classes. For more information, email the Division of Continuing Education at ce@chesapeake.edu.

COURSE INFORMATION

Course/Section #	Course Title	Start Date	Tuition*	Fees	Total
			$5 Reg Fee Per Class		
			TOTAL DUE		

**Tuition based on county/state of residence: Refer to the course description for appropriate tuition. Caroline, Dorchester, Kent, Queen Anne's and Talbot county residents are considered "In-County" and comprise the Chesapeake College service area. Senior Citizens must pay CES, AFC, FTW, tuition and fees.*

QUESTIONS?

PLEASE EMAIL CE@CHESAPEAKE.EDU WITH ANY QUESTIONS YOU MAY HAVE, OR FOR ADDITIONAL INFORMATION.
Mail registration form **with payment** to: Chesapeake College, Business Office, P.O. Box 8, Wye Mills, MD 21679 or FAX to 410-827-5852 or upload form at **www.chesapeake.edu/registrationupload**.

Chesapeake College is an equal opportunity institution and a tobacco-free campus.