18/C3

IAL Registration Form SPRING 2018: Session Two- Use one form per person. CAMBRIDGE COURSES

Name:										
(Print)	Last			First			Middle			
Address: Street of		eet or PO Box	or PO Box		City State		Zip Code			
Home Phone # Cell Phone # *Date of Birth is required by the College to ensure the				*Date of Birth (month/day/year) integrity of student records and to meet federal			**Student ID or SS # government reporting requirements.			
						Social Security nur m to be able to tak				
Gender:	Female Male Part 1: Hispanic or Latino Origin: Yes (HIS) No (NHS) Part 2: If you are not Hispanic or Latino, please select one or more of the following:									
Senior Citizen:	Yes	No □	(60 or Olde	Race: der)						
Semor Chizem.	res No (00 or older			· ' /	Asian (AS)			yan or madrian realize (hitty		
		Black or African Ameri				n American (B	L)			
						Native Hawaiiar White (WH)	or Other Pac	ific Islander (I	HP)	
I certify that I am a legal resident of							County, MD.			
·	•									
Student Signature						-	Date			
	Please	indicate the	classes you	will be atten	ding by checl	king your selec	tion below:			
Course # Sect.	Course			Course Fee	<u>Day</u>	Start Time	End Time	Start Date	End Date	
CES 246 S	Drawing from	Life			Monday	1:00 PM	2:30 PM	4/9/2018	5/14/201	
CEL 245 S	The Science of	of Religious Exp	erience		Monday	3:00 PM	4:30 PM	4/9/2018	5/7/201	
CEL 175 S					Tuesday	3:00 PM	4:30 PM	4/17/2018	5/8/201	
CEL 240 S1	Healthy Life/W	Veight Loss Stra	ategies		Tuesday	1:00 PM	2:30 PM	4/17/2018	5/8/201	

CLASSES WILL BE HELD IN THE HIGHER EDUCATION CENTER UNLESS A SPECIAL ROOM IS REQUIRED.