

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

BLUEPRINT ND.963	(staff use only)
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OPEN ENROLLMENT REGISTRATION FORM

(All information must be completed to process registration.)

STUDENT INFORMATION

STUDENT'S LEGAL LAST NAME STUDENT'S LEG		TUDENT'S LEGA L FIRST NAME	AL FIRST NAME		STUDENT'S MIDDLE NAME		
HOME STREET	ADDRESS/PO BOX		CITY	STAT		ZIP	
HOME PHONE NUMBER	WORK PHONE NUMBER	CELL PHONE NUMB			IL ADDRESS		
STUDENT ID/ SOCIAL SECURITY NUM (Date of Birth is required by the College to noncredit students. A student's date of b number on this registration form to be al	o ensure the integrity of student rec irth AND Social Security number wi	ODD/YYYY)* PREVIOUS CHE ords and to meet federal governn ill have to be on file to be able to r	nent reporting red	NT? ARE YOU AG	e registration is r	ow available for	
ETHNICITY: HISPANIC OR LATINO ORI	GIN? YES (HIS) NO (NE	HIS)					
IF NO, PLEASE SELECT RA	CE: AMERICAN INDIAN OR	ALASKA NATIVE (AN)	AN (AS) BL	ACK OR AFRICAN A	MERICAN (BL)		
	NATIVE HAWAIIAN OR	PACIFIC ISLANDER (HP) W	HITE OR CAUCAS	SIAN (WH)			
I CERTIFY THAT I AM A LEGAL RESIDEN	TOF	COUNTY, MD				/ /	
CERTIFICATION TO ELEGAL RESIDEN	. 01	COONTI, MD.	S	TUDENT SIGNATUR	E AND DATE		
PAYMENT INFORMATION In order to process this registration, p					form to 410-82	7-5852.	
METHOD OF PAYMENT: CHECK	CREDIT CARD MONEY C	ORDER PURCHASE ORDER	SPONSORS	SHIP BILLING	PAYMENT PLAN	I	
IF CREDIT/DEBIT, CHARGE MY PAYMEN	Т ТО:						
VISA MASTERCARD AM	ERICAN EXPRESS DISCOVER		NUMBER		EXP	CVV	
CARDHOLDER NAME AUTHO		AUTHORIZ	RIZED CARDHOLDER SIGNATURE				
NO WRITTEN CONFIRMATION schedule of classes. For more i			•			ted in the	
COURSE INFORMATION Course/Section #	Course Title		tart Date	Tuition*	Fees	Total	
Course/Section #	Course ritte		tart Date	raidon	1 ee3	Total	
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*Tuition based on county/state of resider Queen Anne's and Talbot county residen Senior Citizens must pay CES, AFC, FTW, t	ts are considered "In-County" and c			\$5 Reg Fee Per Class			

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.