Course Registration Form

CURRY COLLEGE DIVISION OF CONTINUING AND GRADUATE STUDIES

How to Register

- **By mail**: Complete the registration form below and mail it with check, purchase order, or credit card information to: Curry College, Continuing Education and Graduate Studies, 1071 Blue Hill Avenue, Milton, MA 02186
- **By fax**: Complete the registration form and fax it with your payment information to 617-979-3535
- **By phone**: Call 888-260-7325 and please have your credit card information handy.

Last Name _____ First Name _____M.I._____

Curry ID # _____ Social Security # _____

Date of Birth_____ Former/Maiden Name _____ Male ❑ Female ❑

Street Address_____ Apt._____
(*Please check if this is a new address* ❑)

City_____ State _____ Zip Code_____

Home Phone_____ Mobile Phone_____ Email Address_____

Have you ever taken any courses at Curry College? ❑ Yes ❑ No Semester/Year last attended: _____

If not, how did you learn about Curry?_____ Intended Major: _____

❑ I am currently enrolled in another college/university. School: _____

Are you a U.S. Citizen? ❑ Yes ❑ No If you are not a US Citizen, are you a Permanent Resident? ❑ Yes ❑ No

Country of Citizenship _____ Country of Birth _____ Native First Language_____

WOULD YOU LIKE TO IDENTIFY YOURSELF AS ONE OR MORE OF THE FOLLOWING? (Optional)

Hispanic/Latino ❑ Yes ❑ No A member of one or more of the following races:

❑ American Indian or Alaska Native ❑ Asian ❑ Black or African American
❑ Native Hawaiian or Other Pacific Islander ❑ White

I would like to register for the following PayTrain course(s) offered at Curry's Milton Campus:

❑ PayTrain Fundamentals ❑ PayTrain Mastery

❑ Check Enclosed. Make check payable to Curry College or provide routing and account number to process an e-check:

Routing Number: _____ Account Number: _____

❑ VISA ❑ Discover ❑ MasterCard ❑ American Express
*please note a 2.99% convenience fee will be assessed on all credit/debit card transactions.

Account Number: _____ Exp. Date: _____ Validation Code: _____

Name as it appears on the credit card _____

If paying by credit card, I authorize this charge to my card.

Signature: _____ Date _____

PAYMENT MUST ACCOMPANY THIS REGISTRATION FORM