

# 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 SHRM course:

☐ XHRM 3000 - Wednesdays

☐ XHRM 3000 – Saturdays

☐ Milton

☐ Plymouth

☐ Check Enclosed. Make check payable to Curry College or provide routing and account number:

Routing: \_\_\_\_\_ Account Number: \_\_\_\_\_

☐ VISA ☐ Discover ☐ MasterCard ☐ American Express

\*\*Please note: if paying by credit or debit card, a 2.99% convenience fee will be assessed.

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**