Continuing Education Winter 2016 Registration Form

Last Name __________________________________________________________
Address __________________________________________________________
City __________________________ State ________ Zip __________
Home Telephone # __________________________ Emergency/Cell # __________

Company Name ____________________________________________________
e-mail Address ____________________________________________________

First Name _________________________________________________________
Date of Birth mm/dd/year ____________________________________________
School Name (College For Kids, SAT, Regents) __________________________
Business Tel. # ____________________________________________________
Job Title/Function __________________________________________________

How did you learn about Kingsborough Community College?

Course Number __________________________ ________________ ________________
Day __________ __________ __________ __________
Time __________ __________ __________ __________
Course Name __________________________ __________________________
____________ __________________________

Tuition __________ __________ __________ __________

*One-time non-refundable fee per semester.
+Remember parking is limited and available on a first-come, first-served basis.

Payment Method
☐ Money Order ☐ Check ☐ Credit Card ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Account # ____________________________________________
Expiration Date ______/____/____
Security Code # ________
Name on Card ___________________________________________________
License Plate # ___________________________________________________

Please check ☑ one of the following boxes: I am...
☐ Hispanic
☐ American Indian or Alaskan Native
☐ African-American
☐ White, non-Hispanic
☐ Black, non-Hispanic
☐ Asian or Pacific Islander
☐ Multi-Racial
☐ Race unknown

Please mail this form to: Continuing Education - Room M-233
Kingsborough Community College
2001 Oriental Boulevard, Box C
Brooklyn, New York 11235-2333