

# 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 Essentials course:  
 Milton – January 30, February 6; 9 am – 4pm: \$495 (books included)

Check Enclosed. Make check payable to Curry College

VISA  Discover  MasterCard  American Express

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**