

# Professional Advancement and Continuing Education Registration Form—Summer 2008

Please print and complete all parts. (Feel free to copy this form.)

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Social Security # (required): \_\_\_\_\_ Gender:  Male  Female

Department/company: \_\_\_\_\_

Apartment #: \_\_\_\_\_ Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Business phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_  
month day year

## Federal reporting

Both the state and federal government require that we submit information on our students' characteristics. Your response to this section is voluntary. It will help us to implement our affirmative action policy. BC P.A.C.E. is an equal opportunity institution. This information does not affect admission or placement.

### Race:

- Black, non-Hispanic
- American Indian
- Asian or Pacific Islander
- Hispanic
- Caucasian, non-Hispanic
- Nonresident alien
- Other \_\_\_\_\_

### Education:

- Less than high school
- High school
- College
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctorate

### Reason attending:

- Enrichment
- Certificate/CEU
- College prep
- Update skills
- New career
- Recreation
- Consumer education

### How did you hear about the program?

- Friends
- Previous course
- Work
- Newspaper
- Other \_\_\_\_\_

Have you ever taken a BC Professional Advancement and Continuing Education course?  Yes  No

Veteran:  Yes  No

Course number	Section number	Course title	Start date	Cost
			Registration fee	\$20.00
			Certificate Program fee	
			<b>Total</b>	

Visa  MasterCard  American Express  Discover Card  Check  Money order

See refund policy on page 34. Registration, testing, and material fees are not refundable unless course is canceled by Professional Advancement and Continuing Education.

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Check #: \_\_\_\_\_

Signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Please make checks or money orders payable to: Brooklyn College Professional Advancement and Continuing Education Note: With this application, you are registered. Unless notified to the contrary, please report to your first scheduled class.

Mail registration form to: Office of Professional Advancement and Continuing Education, 1439 Ingersoll Hall, Brooklyn College, 2900 Bedford Avenue, Brooklyn, NY 11210.