

Corporate College Services, Inc. Course Registration Form

Complete this form and submit to CCS via fax, email, or mail with a check, money order, or credit card (Visa, Mastercard, and Discover) by the registration deadline. Invoices reflecting a zero balance will be mailed to the mailing address on file.

Address Change

Current Name:

LAST FIRST M.I.

Billing Address:

NUMBER STREET

CITY STATE ZIP

Telephone: () _____

e-mail: _____

Term: January/February March/April May/June July/August September/October November/December

Year: _____

Course: _____
NUMBER TITLE

*Tuition and fees can be found under Term Registration on the CCS website.

PAYMENT INFORMATION:

Options:

Payment in Full

Payment Plan: \$10 fee

Letter of credit: 10% payment must be included along with LOC

Payment Type:

Check

Money Order (Check and money order made payable to Corporate College Services, Inc.)

Credit Card Please circle: Visa MasterCard Discover

Card #: _____

Name of Cardholder: _____

Expiration Date: _____

Amount to be Charged: _____

Security Code: _____

My signature below authorizes Corporate College Services, Inc. (CCS) to charge all applicable tuition and fees based on their policies to the indicated payment method.

SIGNATURE

DATE

Registration forms which are incomplete and/or not accompanied by a payment method will not be processed. Fees will apply for late registration, declined credit card transactions, or returned check.

I certify that the above information is true and correct. I understand that false information may result in dismissal from CCS programs and notification of the event given to my organization. I agree that I will comply with and be bound by all requirements and policies of CCS as set forth in the Student Handbook.

SIGNATURE

DATE

Registration forms can be sent via:

Email: registration@corporatecollegeservices.com

Fax: 908-233-5719

Mail: Corporate College Services, Inc.

91 Clinton Rd., Suite 1B

Fairfield, NJ 07004

For internal use only:

Received: _____ Date: _____

Approved: _____ Date: _____

Processed: _____ Date: _____

Invoice: _____ Date: _____

Syllabus: _____ Date: _____