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**Course Registration Form**

Please complete the below and submit to Registration@corporatecollegeservices.com by the deadline.

**Note:** Registration correspondence and an invoice will be sent to the email address provided on this form.

 **□ Address Change**

Current Name:

 LAST FIRST M.I.

Mailing Address:

 NUMBER STREET

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 CITY STATE ZIP

Telephone: ( ) e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSE INFORMATION:**

Term: □ January/February □ March/April □ May/June □ July/August

 □ September/October □ November/December

Year: \_\_\_\_\_\_\_\_\_ Course:

 NUMBER TITLE

Upon receipt of payment, a course registration confirmation will be sent via email. Students are not registered if registration forms are incomplete or a payment is not made by the deadline. Registering during the late registration period will incur additional fees.

By signing below, I understand it is my responsibility to comply with and be bound by all requirements, policies and fee schedules as set forth by CCS.

SIGNATURE DATE

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For internal use only:**

Received: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Approved: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Invoice Sent: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Pymt Rec’d: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Confirmation: \_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 Rev. 05/13/24