

# REGISTRATION FORM

http://www.baruch.cuny.edu/caps

Today's Date (MM/DD/YY) \_\_\_\_\_

Male  Female

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-Mail (required) \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment/Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evening/Home Phone \_\_\_\_\_ Day/Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Job Title/Function \_\_\_\_\_

Semester	Course Number	Section	Course Name	Cost
				\$
				\$
				\$
				\$
				\$
				\$
				\$

Payment Method: \_\_\_\_\_ Amount \_\_\_\_\_

Check Number \_\_\_\_\_ \$ \_\_\_\_\_

Waiver / Discount Type \_\_\_\_\_ \$ \_\_\_\_\_

Financial Aid, Name of Org. \_\_\_\_\_ \$ \_\_\_\_\_

Company Voucher, Name of Co. \_\_\_\_\_ \$ \_\_\_\_\_

Credit Letter Number \_\_\_\_\_ \$ \_\_\_\_\_

Cash \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card: \_\_\_\_\_ \$ \_\_\_\_\_

Visa  MasterCard  American Express  Discover

Credit Card Number:

□□□□ □□□□ □□□□ □□□□

Expiration Date: □□ / □□

Card Holders Name (please print) \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

Deposit Balance: Date Received \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Total Paid: \_\_\_\_\_ \$ \_\_\_\_\_

Application Fee	\$
Registration Fee	\$
Health Fee / Activity Fee	\$
Other Fee	\$
<b>TOTAL DUE</b>	<b>\$</b>

Are you an International Student?  
 yes  no

\_\_\_\_\_  
 Type of Visa

**Declaration:** I declare that the information on this form is correct to the best of my knowledge, and agree, when registering as a student, to abide by all the College's regulations. I have read and understand the refund policy as stated on the reverse side of this page.

Signature \_\_\_\_\_

Date \_\_\_\_\_