



**NEW YORK CITY  
COLLEGE OF TECHNOLOGY**  
The City University of New York  
300 Jay Street, Howard Building, 4<sup>th</sup> Fl.  
Brooklyn, NY 11201 – 2983

**CONTINUING STUDIES CENTER**  
Telephone: 718-552-1170  
Fax No.: 718-552-1192

**REGISTRATION FORM**

**Print  
(Mr./Ms.)**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Contact Tel.: \_\_\_\_\_ (Print) E-Mail Address:

Year of Birth \_\_\_\_\_ Repeat E-Mail Address:

~ address protected ~

Check:       High School Diploma /GED       Some College       College Degree

**COURSE SELECTION**

Name Of Course	Course No.	Sec	Start Date	Tuition

Plus, a **Non-Refundable** registration fee: **\$20.00**

TOTAL DUE \_\_\_\_\_

PAYMENT \_\_\_\_\_

BALANCE \_\_\_\_\_

Date \_\_\_\_\_ Signature of enrollee \_\_\_\_\_

**METHOD OF PAYMENT ~ Information protected as CONFIDENTIAL ~**

Check # \_\_\_\_\_       Money Order       Letter Voucher

Credit Card Payment Information

MASTERCARD No. \_\_\_\_\_ Expire Date \_\_\_\_\_

VISA No. \_\_\_\_\_ Expire Date \_\_\_\_\_

Name of Cardholder \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_ Card Authorization Signature \_\_\_\_\_

\*\*\*\*\* OFFICIAL USE ONLY \*\*\*\*\*

Credit Card Processing Date \_\_\_\_\_ Staff Initial \_\_\_\_\_

Admit Letter Issued \_\_\_\_\_ CERS Date: \_\_\_\_\_ CSC Staff Recorder Initial \_\_\_\_\_