

# CSM Continuing Education Registration Form

Mail this form with a check or money order made payable to CSM to: COLLEGE OF SOUTHERN MARYLAND, CONT ED (REG), PO BOX 910, LA PLATA MD 20646-0910. CHECK OR MONEY ORDER MUST ACCOMPANY THIS REGISTRATION. You may also register in person or through the college's online services.

STUDENT'S SOCIAL SECURITY NUMBER\* or STUDENT ID # \_\_\_\_\_ YEAR \_\_\_\_\_

(\*Providing a social security number in connection with a continuing education course is voluntary, unless enrollment is pursuant to the Workforce Investment Act or as otherwise required by law.)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_ DATE OF BIRTH (month/day/year)(required) \_\_\_\_\_

FORMER NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DAY TELEPHONE ((area code) number) EXT. \_\_\_\_\_ EVENING TELEPHONE ((area code) number) EXT. \_\_\_\_\_

EMERGENCY CONTACT PERSON \_\_\_\_\_ EMERGENCY TELEPHONE ((area code) number) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HAS THE ABOVE INFORMATION CHANGED SINCE THE LAST TIME YOU REGISTERED FOR CLASSES?  YES  NO

The College of Southern Maryland collects information on our students' birth date, gender, ethnicity and citizenship which is used for reporting purposes only in compliance with the Maryland Higher Education Commission and U.S. Department of Education.

GENDER:  MALE  FEMALE

ARE YOU OF HISPANIC OR LATINO ORIGIN?  YES  NO

WHAT IS YOUR RACE? SELECT ONE OR MORE.  WHITE  BLACK OR AFRICAN AMERICAN  ASIAN

AMERICAN INDIAN OR ALASKAN NATIVE  NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

RESIDENCY:  CALVERT COUNTY  CHARLES COUNTY  ST. MARY'S COUNTY

OTHER MD COUNTY  OUT OF STATE

ARE YOU A U.S. CITIZEN?  YES, I AM A U.S. CITIZEN/U.S. NATIONAL

NO, BUT I AM AN ELIGIBLE NONCITIZEN TYPE \_\_\_\_\_ ALIEN REGISTRATION NUMBER \_\_\_\_\_

NO, I AM NOT A U.S. CITIZEN NOR AN ELIGIBLE NONCITIZEN IMMIGRATION VISA TYPE \_\_\_\_\_ IMMIGRATION VISA NUMBER \_\_\_\_\_

DO YOU GIVE PERMISSION TO BE PHOTOGRAPHED, INTERVIEWED OR VIDEOTAPED DURING CLASS?  YES  NO

CONTINUING EDUCATION CERTIFICATE PROGRAM (IF APPLICABLE): \_\_\_\_\_

The information I have provided above is accurate. I understand that I am financially responsible for all charges that I incur at CSM and that the Student Code of Conduct (available from the Student Life Department) applies to all CSM students. I will follow all of the college's policies and procedures. When registering for WFS or youth courses, I understand that I (or my parent or guardian if I am less than 18 years old) will be required to sign a Statement of Informed Consent, Assumption of Risk and Release Form, and/or a health status questionnaire prior to my (or my child's) participation in the activity. Based upon the results of the health status questionnaire, a medical release may be required prior to participation. I also understand that, in the event of an emergency, the college will contact emergency services to arrange transport for me (or my child) to a nearby health-care facility.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE (month/day/year) \_\_\_\_\_ SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE (month/day/year) \_\_\_\_\_

(IF APPLICANT IS UNDER 18 YEARS OF AGE)

## PAYMENT MUST ACCOMPANY THIS REGISTRATION!

| SUBJECT      | COURSE NO. | SECTION NO. | COURSE TITLE | BEGIN DATE | COURSE TUITION | RESIDENCY FEE* | COURSE FEE | TOTAL |
|--------------|------------|-------------|--------------|------------|----------------|----------------|------------|-------|
|              |            |             |              |            |                |                |            |       |
|              |            |             |              |            |                |                |            |       |
|              |            |             |              |            |                |                |            |       |
| <b>TOTAL</b> |            |             |              |            |                |                |            |       |

\*RESIDENCY FEE: Maryland residents living outside of Charles, Calvert, and St. Mary's counties--add \$5.00 under residency fee, out-of-state residents--add \$10.00 under residency fee.

By coming onto a CSM campus, I indicate that I have read, understand, and will comply with the health and safety rules and requirements outlined at ready.csm.edu. I assume the inherent risk of exposure and possible infection related to novel coronavirus/ COVID-19 by coming to campus.

**Statement for prospective students:** The College of Southern Maryland makes several federally required reports and statistics available for prospective students. The Campus Public Safety Report contains college policies regarding a variety of safety and security issues and includes crime statistics for the college. This report is available at ready.csm.edu. The college also maintains a report addressing participation rates by students in intercollegiate athletics, coaching staffs, and certain expenses associated with intercollegiate athletic teams. Both reports may also be obtained by contacting the Registrar's Office, located in the AD Building on the La Plata Campus and at 301-934-7588.

### NONDISCRIMINATION POLICY

The College of Southern Maryland does not discriminate on the basis of race, color, national origin, gender, disability, age, sexual orientation, religion, or marital status in its programs or activities. The ADA/504 Coordinator—La Plata Campus, Learning Resource Center (LR Building), Room 123, 301-934-7614—has been designated to handle inquiries regarding discrimination on the basis of disabilities. The executive director of Student Affairs—La Plata Campus, Administration (AD) Building, Room 220A, 301-539-4746—should be contacted for student discrimination inquiries. Human Resources—La Plata Campus, Campus Center (CC Building), Room 212, 301-934-7700—should be contacted to handle all other discrimination inquiries.



### ADA STATEMENT

Individuals with disabilities who require accommodations in order to participate in the College's programs should notify the Disability Support Services office at 301-539-4720 or dss@csm.edu at least six weeks before the start of the program. Students who do not request accommodations at least six weeks in advance will receive services in a timely manner, after the scheduled students are processed.