

DREW UNIVERSITY CERTIFICATE IN HISTORIC PRESERVATION

2012/2013 REGISTRATION FORM

Mail: Drew University, Caspersen School of Graduate Studies, Room 110, 36 Madison Ave., Madison, NJ 07940

Fax: 973 408 3040

STUDENT INFORMATION

Are you reporting a change in address?

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Fax: _____

How did you learn about this program? Web Newspaper Word of mouth Brochure
 Other _____

Have you taken previous Historic Preservation courses through Drew? Yes No If yes, are you pursuing a certificate? _____

COURSE INFORMATION

Term for which you are registering: Fall Winter Spring Summer

COURSE NUMBER	COURSE TITLE	TUITION (\$) <small>Include materials' fee</small>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL \$ _____

METHOD OF PAYMENT

Check payable to *Drew University* Purchase Order Number _____

Charge my: Visa Mastercard American Express

Cardholder's Name _____

Card Number: _____ Exp Date: _____ Sec. Code _____

Signature: _____