

CONTINUING STUDIES

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

REGISTRATION FORM

All items in bold are required items; information must be provided to register for the course.

Course Title:	<input type="text"/>	Course Date	<input type="text"/>
Name	<input type="text"/>	Maiden Name	<input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Professional Licences Held	<input type="text"/>	Licence Number	<input type="text"/>
Phone Number	<input type="text"/>	Birth Date	<input type="text"/>
Email	<input type="text"/>	Z-Number	<input type="text"/>

Payment Options:

- Check** Make check payable to: 'Stockton College Continuing Studies', and mail to address below.
- Credit Card** A **secure** payment link will be emailed to you at the E-mail address that you have provided above; please make sure that it is correct. Instructions will be provided in the e-mail how to use the link.

Payment Amount:

Note: You are not fully enrolled into this class until payment is made.

Registration Form Options:

You may send the form to the Office of Continuing Studies for processing by the following options:

1. E-mail - send the form to Mariah.Duffey@stockton.edu
2. Fax - 609.626.6050
3. Mail to:
The Richard Stockton College of New Jersey
ATTN: Mariah Duffey/Continuing Studies
101 Vera King Farris Drive
Galloway, NJ 08205-9441

Please call us at 609-652-4227 with any questions.

Additional comments, suggestions?

For office use only

Filled Out By:

Current Date

Revised 10/9/13