

# FAX COVER SHEET

Date: \_\_\_\_\_

To: Hofstra University Continuing Education

Fax: (516) 463-4833

From: \_\_\_\_\_  
(Student Name)

Re: Student Registration

PLEASE PRINT CLEARLY.

## Course Registration

FALL \_\_\_\_\_  SPRING \_\_\_\_\_  SUMMER \_\_\_\_\_



M /  F

Student's Last Name	First Name	M.I.	Male / Female
Address			
City	State	ZIP	
Home Phone	Cell Phone		
Work Phone	E-mail		

**FOR CHILD'S REGISTRATION ONLY**

Parent's Name
Emergency Contact (other than parent)
Emergency Contact Phone Number
Student Age / D.O.B. / Grade

**COURSE INFORMATION**

Course Code	Course Title	Tuition	Course Materials Fee	Total
Subtotal				
<b>METHOD OF PAYMENT</b> <input type="checkbox"/> Check enclosed (payable to Hofstra University)    Charge to: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express				
Cardholder's Name (please print)		Continuing Education Tuition Discounts <input type="checkbox"/> Continuing Education _____ <input type="checkbox"/> Saturday Classes Youth <input type="checkbox"/> Multiple Course/Alumni/Hofstra Full-Time Staff		
Card Number		TOTAL		
Cardholder's Signature		Exp. Date		
Billing Address for Credit Card		City                      State                      ZIP		

OFFICE USE ONLY	
Date	Initials
External Transaction ID #	
CEM	

**Fax this registration card to:**  
(516) 463-4833

**or mail it to:**  
Hofstra University Continuing Education  
Registrar's Office  
University College Hall  
250 Hofstra University  
Hempstead, NY 11549-2500

How did you hear about our courses?
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