



COLLEGE OF
MOUNT SAINT VINCENT

School of Professional and Continuing Studies
Non-Degree Program

REGISTRATION FORM

Personal Information:

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____ Telephone: _____

Social Security Number (For internal identification purposes only): _____

Date of Birth _____ Is this also your billing address: Yes: _____ No: _____

Course Information:

Which course are you registering for? (Please check the box beside the appropriate course.)

- SHRM Learning System® Certification Preparation Program
 - SHRM® Essentials of Human Resource Management Certificate Program
 - Pharmacy Technician Program
 - Medical Assistant Administration Program
 - Medical Coding and Billing
 - CIW – Web Foundation Series: _____
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Personal Information:

Last Name: _____ First Name: _____

Business Information:

Name of Employer: _____

Title/Position: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Is this also your billing address: Yes: _____ No: _____

Payment Information:

Type of Credit Card: Visa: _____ M/C: _____ Amex: _____ Other: _____

Name of Credit Card Holder: _____

Credit Card Number: _____

Expiry Date: _____ Security Code (on back of Credit Card): _____

I authorize use of my credit card: Yes: _____ No: _____ to be charged for the following amount: \$ _____.

Signature: _____

OR

A check or money order for \$ _____ (insert the tuition amount here), made payable to the College of Mount Saint Vincent is enclosed: _____

How to submit completed registration form:

In person: 6301 Riverdale Avenue, Founders Hall, Suite 105

By mail: Belgica Collado, Executive Assistant
College of Mount Saint Vincent
School of Professional and Continuing Studies
6301 Riverdale Avenue, Founders Hall, Suite 105
Riverdale, New York 10471

By Fax: 718-405-3764

By E-mail: belgica.collado@mountsaintvincent.edu