



MercyCollege

SHORT TERM EDUCATION REGISTRATION FORM

Visit us at www.mercycollege.edu/short-term-education/

**Please print as you wish to have appear on your certificate of completion*

Name: _____
Last First M.I. D.O.B.

Address: _____
Street # Street Name Apt. #

City State Zip Cell Phone # (include Area Code)

E-mail Address Home Phone # (include Area Code)

If your name and/or address have changed since you last attended Mercy College, please provide past information:

Please specify any special accommodations, if applicable:

I would like to register for the following courses:

1. Course Title: _____ Date: _____ Cost: _____
2. Course Title: _____ Date: _____ Cost: _____
3. Course Title: _____ Date: _____ Cost: _____
4. Course Title: _____ Date: _____ Cost: _____
5. Course Title: _____ Date: _____ Cost: _____

Payment:

- Cash** (Pay in Department, 2nd floor)
- Check** (Payable to Mercy College)
- Credit Card** (Online or Pay by Phone. We take Mastercard, Visa and Discover)
- Employer Payment:**

Company Name: _____ Dept #: _____

Manager Name: _____ Cost Center: _____

Phone Number: _____

****Mail or fax this registration form to address/number below.***