

REGISTRATION FORM



Personal & Professional Learning

Registration/Admission Form

Please use one registration form per student. Duplicate this form as needed.

This form will be used to update your contact information.

For name change requests, contact the Registration Office/Answer Center at 734-462-4426.

1. Are you Hispanic? Yes No
2. Please select one or more races:
 - American Indian or Alaska Native
 - Asian Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

- - **OR** - - Male Female Non-binary
 DATE OF BIRTH STUDENT NUMBER SOCIAL SECURITY NUMBER
To be assigned to first-time students. Returning students only need to include the last 4 digits.

 LAST NAME FIRST NAME MI/FORMER NAME

 NUMBER AND STREET CITY

 STATE ZIP CODE EMAIL ADDRESS
 - - - - - -
 DAY PHONE EVENING PHONE CELL PHONE

Section No.	CES, CES2, CESN No.	Title of Class	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
TOTAL:			\$ <input type="text"/>



If registering for a Physical Fitness class, review waiver online at schoolcraft.edu/ppl.
Your registration signifies agreement to the waiver terms.

Mail to:
Schoolcraft College
Registration: PPL
18600 Haggerty Road
Livonia, MI 48152-2696

Company-paid tuition:
Please send a copy of your purchase order when you register.
Co. Name _____
Co. Address _____
Billing Contact Person _____
PO# _____

For office use only:



- Enclosed is my Check/Money Order payable to Schoolcraft College. (If your check is returned because of insufficient funds, we may redeposit it electronically.)
- Charge to VISA/MC/Discover/AMEX No. _____ Exp. Date _____ / _____

Signature required for charge card payment _____