

Registration Form

Division of Continuing Education and Professional Development

Registration is easy!
Five Ways To Register:

On-Line:

Visit our website at: www.molloy.edu/ce and click on the "registration" icon on the left-hand side of the page and follow the directions.

By Phone:

Call 516-678-5000 x6206 or 800-229-1020 with your MasterCard or Visa number during the times listed under in-person registration.

By Fax:

Complete the registration form and include your MasterCard or Visa number. Fax the form to 516-256-2233.

In-Person:

Please come to the Continuing Education Office located in Siena Hall, Room 106 during the following office hours:

Mondays – Thursdays
 8:30 a.m. – 7:00 p.m.

Fridays
 8:30 a.m. – 5:00 p.m.

Saturdays
 8:30 a.m. – 12:30 p.m.

By Mail:

Complete the registration form and mail it with a check, money order or credit card information to:

Molloy College
 Division of Continuing Education
 1000 Hempstead Avenue
 P.O. Box 5002
 Rockville Centre, NY 11571-5002

Questions?

Please contact us at: 516-678-5000 ext. 6206 during the hours listed under "In-Person" above or email us at: conted@molloy.edu

For Fax, Mail or In-Person registration, please complete the information below. Only one person may register on this form. Additional forms may be copied. A confirmation, with your room assignment, will be sent upon receipt of your registration. Room assignments are also posted on the bulletin board outside of Room 106 in Siena Hall.

PLEASE PRINT OR TYPE

Date _____

Last Name _____ First Name _____ M.I. _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

E-mail _____ Fax _____

Have you previously attended Continuing Education courses at Molloy? ____ Yes ____ No

If so, when? Term _____ Year _____

COURSE #	SECTION	START DATE	NAME OF COURSE	TUITION
SUB TOTAL				
DISCOUNT (Please provide proof)				
TOTAL TUITION				

Payment Method

Check # _____ Cash _____
 Please make checks payable to: **Molloy College** (Please do not mail cash, in-person registration only)



Credit Card: ____ Visa ____ MasterCard Exp. Date (Month/Year) _____

Account Number _____

Signature of Cardholder _____

Office Use Only

Taken by: _____ (R) (AC) (P)