# **Registration Form**

# Division of Continuing Education and Professional Studies

# Registration is easy!

Five Ways To Register:

### On-Line:

Visit our website at: <a href="https://www.molloy.edu/ce/registration">www.molloy.edu/ce/registration</a>, and under "Five Ways to Register" go to "Online Registration" and follow the directions.

# By Phone:

Call 516-323-3550 with your Discover, MasterCard or Visa number during the times listed under in-person registration.

# By Fax:

Complete the registration form and include your Discover,
MasterCard or Visa number. Fax the form to 516-323-3560.

### In-Person:

Please come to the Continuing Education Office located off campus at 30 Hempstead Ave, RVC during the following office hours:

Mondays, Tuesdays & Thursdays: 8:30 a.m. – 7:00 p.m. Wednesday & Fridays:

8:30 a.m. – 5:00 p.m.
Saturdays: 8:30 a.m. – 12:30 p.m.
(Please note that we are closed on Fridays and most Saturdays during the summer)

## By Mail:

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

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

### Questions?

Please contact us at: 516-323-3550 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. Confirmation of your registration will be emailed to you upon receipt of your registration. Your Zoom link or classroom assignment will be emailed to you shortly before the start date of you class if it was not included in your confirmation.

# PLEASE PRINT OR TYPE Date \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_ Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Cell \_\_\_\_ 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)				

# **Payment Method**

Please make checks payable to: Molloy	University (Please do not m	nail cash, in-person registration only)
Credit Card: Visa MC A fee of 2.75% for domestic cards and 4.25 credit card fee by paying with a check onlin	5% for international cards will be	
Account Number		Security Code
Signature of Cardholder		
Taken by:	Office Use Only (R) (Pay) Auth	n#

Student ID# \_\_\_\_\_ CN Refund Trans#