

CSM Continuing Education Registration Form

Mail this form with a check or money order made payable to CSM to: COLLEGE OF SOUTHERN MARYLAND, CONT ED (REG), PO BOX 910, LA PLATA MD 20646-0910. CHECK OR MONEY ORDER MUST ACCOMPANY THIS REGISTRATION. You may also register in person or through the college's online services.

STUDENT'S SOCIAL SECURITY NUMBER* or STUDENT ID # _____

YEAR _____

(*Providing a social security number in connection with a continuing education course is voluntary, unless enrollment is pursuant to the Workforce Investment Act or as otherwise required by law.)

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ DATE OF BIRTH (month/day/year)(required) _____

FORMER NAME _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

DAY TELEPHONE ((area code) number) EXT. _____ EVENING TELEPHONE ((area code) number) EXT. _____

EMERGENCY CONTACT PERSON _____ EMERGENCY TELEPHONE ((area code) number) _____

EMAIL ADDRESS _____

HAS THE ABOVE INFORMATION CHANGED SINCE THE LAST TIME YOU REGISTERED FOR CLASSES? YES NO

The College of Southern Maryland collects information on our students' birth date, gender, ethnicity and citizenship which is used for reporting purposes only in compliance with the Maryland Higher Education Commission and U.S. Department of Education.

GENDER: MALE FEMALE

ARE YOU OF HISPANIC OR LATINO ORIGIN? YES NO

WHAT IS YOUR RACE? SELECT ONE OR MORE.
 WHITE BLACK OR AFRICAN AMERICAN ASIAN
 AMERICAN INDIAN OR ALASKAN NATIVE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

IS ENGLISH YOUR PRIMARY LANGUAGE? YES NO

RESIDENCY: CALVERT COUNTY CHARLES COUNTY ST. MARY'S COUNTY
 OTHER MD COUNTY OUT OF STATE

ARE YOU A U.S. CITIZEN?
 YES, I AM A U.S. CITIZEN/U.S. NATIONAL
 NO, BUT I AM AN ELIGIBLE NONCITIZEN TYPE _____ ALIEN REGISTRATION NUMBER _____
 NO, I AM NOT A U.S. CITIZEN NOR AN ELIGIBLE NONCITIZEN IMMIGRATION VISA TYPE _____ IMMIGRATION VISA NUMBER _____

DO YOU GIVE PERMISSION TO BE PHOTOGRAPHED, INTERVIEWED OR VIDEOTAPED DURING CLASS? YES NO

CONTINUING EDUCATION CERTIFICATE PROGRAM (IF APPLICABLE): _____

The information I have provided above is accurate. I understand that I am financially responsible for all charges that I incur at CSM and that the Student Code of Conduct (available from the Student Life Department) applies to all CSM students. I will follow all of the college's policies and procedures. When registering for WFS or youth courses, I understand that I (or my parent or guardian if I am less than 18 years old) will be required to sign a Statement of Informed Consent, Assumption of Risk and Release Form, and/or a health status questionnaire prior to my (or my child's) participation in the activity. Based upon the results of the health status questionnaire, a medical release may be required prior to participation. I also understand that, in the event of an emergency, the college will contact emergency services to arrange transport for me (or my child) to a nearby health-care facility.

SIGNATURE OF APPLICANT _____ DATE (month/day/year) _____ SIGNATURE OF PARENT OR GUARDIAN _____ DATE (month/day/year) _____
 (IF APPLICANT IS UNDER 18 YEARS OF AGE)

PAYMENT MUST ACCOMPANY THIS REGISTRATION!

SUBJECT	COURSE NO.	SECTION NO.	COURSE TITLE	BEGIN DATE	COURSE TUITION	RESIDENCY FEE*	COURSE FEE	TOTAL
							TOTAL	

*RESIDENCY FEE: Maryland residents living outside of Charles, Calvert, and St. Mary's counties--add \$5.00 under residency fee, out-of-state residents--add \$10.00 under residency fee.

By coming onto a CSM campus, I indicate that I have read, understand, and will comply with the health and safety rules and requirements outlined at csmd.edu/ready/covid-19. I assume the inherent risk of exposure and possible infection related to novel coronavirus/COVID-19 by coming to campus.

Statement for prospective students: The College of Southern Maryland makes several federally required reports and statistics available for prospective students. The Campus Public Safety Report contains college policies regarding a variety of safety and security issues and includes crime statistics for the college. This report is available at csmd.edu/ready. The college also maintains a report addressing participation rates by students in intercollegiate athletics, coaching staffs, and certain expenses associated with intercollegiate athletic teams. Both reports may also be obtained by contacting the Registrar's Office, located in the AD Building on the La Plata Campus and at 301-934-7588.

NONDISCRIMINATION POLICY

The College of Southern Maryland does not discriminate on the basis of race, color, national origin, gender, disability, age, sexual orientation, religion, or marital status in its programs or activities. The Director, Disability Support Services—La Plata Campus, Student Resource Center (SR Building), Suite 126A, 301-934-7855—has been designated to handle inquiries regarding discrimination based on disabilities. The executive director of Student Affairs—La Plata Campus, Administration (AD) Building, Room 220B, 301-539-4746—should be contacted for student discrimination inquiries. Human Resources—La Plata Campus, Campus Center (CC Building), Room 212, 301-934-7700—should be contacted to handle all other discrimination inquiries.



ADA STATEMENT

Individuals with disabilities who require accommodations in order to participate in the College's programs should notify the Disability Support Services office at 301-539-4720 or dss@csmd.edu at least six weeks before the start of the program. Students who do not request accommodations at least six weeks in advance will receive services in a timely manner, after the scheduled students are processed.