

BAKER COLLEGE CORPORATE SERVICES Qtr. _____
REGISTRATION CARD

I.D. No. or S.S.N. _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Maiden Name _____

E-Mail Address _____

Work Site _____ Day Phone _____

DAY	TIME	COURSE	CLASS SITE

REGISTRATION CONFIRMATION

I UNDERSTAND THAT I HAVE REGISTERED FOR THE CLASSES AS INDICATED ABOVE.

IN SO DOING I AM RESPONSIBLE FOR TUITION AND FEES AND AM SUBJECT TO THE WITHDRAWAL AND REFUND POLICIES OF BAKER COLLEGE CORPORATE SERVICES.

STUDENT SIGNATURE _____

DATE _____



THIS IS A CHANGE OF ADDRESS