



**SCHOOL OF CONTINUING EDUCATION REGISTRATION FORM**

**STUDENT INFORMATION**

Today's Date \_\_\_\_\_  
 Student's Name \_\_\_\_\_ Gender  Male  Female  
 Street Address \_\_\_\_\_ **For International Students Only:**  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Will you apply for F-1 Visa? Yes/No  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Instrument \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**STATISTICAL INFORMATION** Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers and our own college /university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

1. Do you consider yourself to be Hispanic/Latino? (Circle one) Yes/No
2. Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:  American Indian or Alaska Native  Asian  Black or African American  Native Hawaiian or Pacific Islander  White

**REGISTRATION**

Fall Semester  Spring Semester

**For Certificate Applicants Only:**

1.  Certificate Program (please specify) \_\_\_\_\_
2. Complete a one page statement describing your interest in pursuing a certificate program at this time and your background in music.
3. Please prepare a recorded 10 minute audition of your performance on a CD.

Please complete the following below:

CLASS/ENSEMBLE TITLE	Credit	Non-credit	TUITION AMOUNT

**LESSONS**

Instructor _____	Instrument _____	# Lessons _____	+ Length (circle one) 60/45/30 minutes	\$ _____
<b>\$35 Registration fee</b> (A \$50 late fee charge if submitted past the second class)				+ \$ <b>35.00</b>
Less pre-approved Scholarship Aid/TABR				- \$ _____
<b>TOTAL TUITION DUE:</b>				= \$ _____

**PAYMENT**-The SCE office must receive this form and full payment before your registration can be processed. If enrolling in a certificate program, payment is required upon acceptance by department chair and program.

Check or money order (payable to New England Conservatory) Amount enclosed: \$ \_\_\_\_\_

I authorize the NEC School of Continuing Education to charge my account in the amount of \$ \_\_\_\_\_

Visa  Mastercard  Discover

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Card Holder's Signature \_\_\_\_\_

I certify that the information above is complete and correct and agree to abide by the policies and procedures set forth by the School of Continuing Education.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send completed form to:** NEC School of Continuing Education, 290 Huntington Avenue, Boston, MA 02115  
 Fax: (617) 585-1135 Phone: (617) 585-1130