

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
 Summer Session

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 |
|----------------------|--------|------------|----------------|
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LESSONS

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

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