



**JON L. JENMARC, INCORPORATED**  
 Consultants in Education  
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**ENDICOTT COLLEGE**



**BROCKTON PROFESSIONAL DEVELOPMENT COURSE REGISTRATION FORM**

EMAIL REGISTRATION FORM TO: [garcea@comcast.net](mailto:garcea@comcast.net) or fax it to 508.586.6448 or mail it to:  
 Jon L. Jenmarc, Inc. P.O. Box 663 Brockton, MA 02303-0663

SEMESTER \_\_\_\_\_ YEAR \_\_\_\_\_ Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Date of birth \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

**Citizenship:**  U. S. Citizen  Resident Alien  Citizen of \_\_\_\_\_

**Ethnic Origin (optional):**

Non-Resident Alien  Black, Non-Hispanic  American Indian/Alaskan Native  Other

Asian/Pacific Islander  Hispanic  White, Non-Hispanic Explain \_\_\_\_\_

\* These questions are being asked to furnish statistics, as required by the Department of Education

**I am registering for:**  Credit  Non-credit

I am a new student.  I have enrolled previously. Last date of attendance: \_\_\_\_\_

**Endicott College does not discriminate on the basis of race, creed, national or ethnic origin, or disability in the administration of its education policies, admissions, scholarship and loan programs, employment, or any other rights, privileges or activities involving its students, faculty or staff. The School of Graduate and Professional Studies reserves the right to make changes affecting policies, courses, instructors or other changes deemed necessary.**

Course # e.g. ENG 101	Sect. e.g. L	Course Title	Cr.	Start Date	Course Fee
<b>Total Course Fees:</b>					
<b>**Late Fee</b>					
<b>Total Due:</b>					

**\*\* Late Registration/Late Payment Fee is assessed on registrations received after the start of a course**

**ALL FEES ARE DUE AT THE TIME OF REGISTRATION.**

Date paid \_\_\_\_\_ Amount paid \_\_\_\_\_ Payment Method:  Check  Money Order  MC/VISA/AMEX

Card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Cardholder's name \_\_\_\_\_ Signature \_\_\_\_\_

Cardholder's billing address \_\_\_\_\_