

REGISTRATION FORM

Pennsylvania College of Art & Design | Continuing Education Department

204 N. Prince St. • P.O. Box 59 • Lancaster, PA 17608-0059

717-396-7833 x1019 • Fax: 717-735-2238 • Email: ce@pcad.edu • pcad.edu/ceregistration

Student Name: _____
First Middle Initial Last

Date of Birth: _____ Male Female Email: _____

PCA&D BFA Student US Citizen for Act 48 Professional Personnel ID: _____
(required)

Parent/Guardian's name and signature *(if under 18)*:

Address: _____

City: _____ State: _____ Zip: _____

Phone *(Home)*: _____ *(Work)*: _____ *(Cell)*: _____

Course Title: _____ Course Number: _____ Cost: _____

(Total Payment) \$: _____

How did you hear about Pennsylvania College of Art & Design?

Advertisement Catalog Word of Mouth Facebook Twitter Internet Other _____
 I have have not previously taken courses at PCA&D.

If disabled will you need aid/assistance? Yes No

FOR OFFICE USE ONLY: Processed _____ Amount _____ Confirmation mailed _____

PAYMENT METHOD: Check enclosed Credit card Money order

Please write the student's name and course number on your check or money order.

CREDIT CARD INFORMATION: American Express Discover Mastercard Visa

Account Number: _____ Exp. Date: _____

CVV CODE (3 digit code on card back) _____ Cardholder's Name (please print): _____

Cardholder's address: _____

Signature: _____

Cardholder's email: _____