

Adult and Continuing Education Registration Form

LAST NAME	FIRST NAME	MALE/FEMALE
STREET ADDRESS		CITY STATE ZIP
DATE OF BIRTH	HOME PHONE	BUSINESS PHONE
EMAIL	SOCIAL SECURITY (optional)	

Check which category describes you best (optional)

- Black non-Hispanic
- White non-Hispanic
- Hispanic
- Asian-Pacific Islander
- American Indian/Native Alaskan
- Other

How did you hear about us?

- Through our website
- Received ACE catalog in the mail
- Through friend or neighbor
- Through newspaper
- Other

COURSE CODE	SEC	COURSE TITLE	COST

LaGuardia Community College/CUNY

Room M-143
 3110 Thomson Ave
 Long Island City, NY 11101
(718) 482-7244

Fall Winter Spring Summer

(Check one)

Check/Money Order



ACCOUNT NO

EXP DATE

Name of card holder if different from registration

SIGNATURE