

NEW PERSPECTIVES SPRING 2005 REGISTRATION FORM

MAIL, FAX, OR BRING TO: New Perspectives, Bank Street College of Education
 610 W 112th Street, New York, NY 10025-1898
 Phone: 212/875.4649 Fax: 212/875.4777 credit card payments only

***Underlined items must be completed. Incomplete forms will be returned.**

Please write your name and social security number exactly as they appear on your social security card, since this may affect your eligibility for tax credits/deductions.

NAME MR. MS. MRS. MISS _____ SOCIAL SECURITY NO _____
(Does not apply to international students)

HOME ADDRESS _____ APT# _____ HOME TEL _____

CITY _____ STATE _____ ZIP _____ WORK TEL _____

PRESENT JOB TITLE _____ E-MAIL ADDRESS _____

WHAT GRADE LEVEL DO YOU TEACH? _____ Private Public CBO EMERGENCY PHONE _____

WHERE DO YOU WORK? _____

Are you matriculated* at Bank Street? No Yes If yes, Advisor's Signature required _____

*Matriculated students must obtain an advisor's signature before registering for credit.

Current matriculated students only.

Name under which you were registered if different from above _____

CHECK COURSE DESCRIPTIONS FOR REGISTRATION DEADLINES. A LATE REGISTRATION FEE OF \$25 APPLIES TO ALL REGISTRATION RECEIVED AFTER POSTED DEADLINES.

NUMBER	COURSE NAME	COURSE DATE(S)	CREDITS	TUITION	MATERIALS OR LAB FEE	TOTAL	
							*REGISTRATION FEE _____
							TOTAL _____
							**AMOUNT ENCLOSED _____
							***BALANCE DUE _____

* Registration fee per semester: 1 to 3 credits \$50; 4 or more credits \$100. No registration fee for courses taken for no credit.

** COURSES TAKEN NOT FOR CREDIT: full payment required. COURSES TAKEN FOR CREDIT: full payment or a nonrefundable deposit of \$100 per course required.

*** Balance of payment due no later than 2 weeks before start of class.

Check or money order payable to Bank Street College enclosed. Please charge my VISA MasterCard

ACCT. # _____ EXP. DATE _____ SIGNATURE OF CARDHOLDER _____

Required for credit card payments

I accept this schedule and agree to be responsible for all charges incurred.

STUDENT'S SIGNATURE _____ DATE _____

Required

FOR OFFICE USE ONLY: Received _____ ID _____ Registered on _____ Registered by _____

Charge \$ _____ Sent Confirmation _____ Business Office _____ Auth. Sig. _____