

CONTINUING EDUCATION/ACADEMY OF LIFELONG LEARNING REGISTRATION FORM

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fall ☐ Spring ☐ Summer		Year		
100				
Student ID Number (if available)		Gender □ M □ F		
Last Name		First Name		M.I.
Mailing Address				
City		State		ZIP
		()		
Home Phone		Business or Cell Phone		
		()		
E-mail		Fax		
Have you previously attended LIU Post? ☐ Yes ☐ No		If so, when?	Term	Year
COURSE NUMBER (as listed in schedule)		NAME OF COURS	SE	TUITION
				\$
				TOTAL TUITION
FOR CHARGES ONLY Please charge the above amount to my	credit card			
Name of Cardholder				
Signature of Cardholder				
☐ AMEX (15 Digits) ☐ Discover	(16 Digits) 🗆 V	/ISA (13 or 16 Dig	its) MasterCar	d (16 Digits)
Credit Card #		Exp. Date	CCVC # Credit Card Verific	ration Code