

ASE Electrical Test Prep

This course is a review of fundamental information, including question types, necessary for preparing for the Automotive ASE Electrical Exam.

Fall 2019

(Choose one section only)

Section I

DAYS: Monday & Tuesday 9/23 & 9/24

TIME: 6:00 - 9:00PM

CLASS CODE: 8930 AU-80-301

COST: \$400

LOCATION: Ashland Campus 270 Eliot Street, Ashland, MA

Section II

DAYS: Monday & Tuesday 10/21 & 10/22

TIME: 6:00 - 9:00PM

CLASS CODE: 8931 AU-80-302

COST: \$400

LOCATION: Ashland Campus 270 Eliot Street, Ashland, MA

TO REGISTER: www.massbay.edu/registercpwd

Use online registration form or download the pdf (Example on back of flyer)

Email completed form to: registrar@massbay.edu

QUESTIONS: Office of Corporate Partnerships and Workforce Development

Phone: 508-270-4100 Email: cpwd@massbay.edu





Office of the Registrar

50 Oakland Street, Wellesley Hills, MA 02481 19 Flagg Drive, Framingham, MA 01702 E-mail: registrar@massbay.edu Phone (781) 239-2550 Phone (508) 270-4050 <u>www.massbay.edu</u>

TTY (781) 239-2513

Corporate Partnerships and Workforce Development Registration Form (non-credit courses)

Please be advised that, if there are any, additional fees may be applied to your bill. Anyone who registers, in any acceptable way, and fails to attend classes is still subject to full tuition and fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to the published refund schedule. All charges must be paid in full at time of registration. This form may be mailed to address as indicated above or emailed. To complete the form: Save this file to your desktop as a .pdf and open the .pdf version on your desktop; enter the required information into the form, print the form and sign the one (or two for credit card payment) field(s) on the printed form. The phone numbers and email addresses entered on this form will be used for the College's emergency notification system. Please contact the Office of Public Safety for more information or to opt out of the system.

				OR		s	SEMESTER & YEAR:		
1.	Social Seci	urity Number (option	al) Student ID (if available)		F	FALL 20 19			
						w	/INTER 20		
2.	Last Name		First Name Middle II		Middle Init	i al s	PRING 20		
3.	Birth Date (mm/dd/yyyy)			4. Gender: Male Female		s	UMMER 20		
5.	Home Phone		Cell Phone		Busir	Business Phone			
6.	Ethnic Group: American Indian or Alaskan Native Hispanic / Latino White Asian Cape Verdean Black / African American Native Hawaiian or Pacific Islander								
7.	Permanent Address City / State / Postal Code / Country								
8.	Mailing Address (If different from above) City / State / Postal Code / Country								
9. 10.	Personal E-mail Address 10. Military Status: Active Military Active Reserve Veteran Not a Veteran Country of Citizenship:								
4-Digit Class Number		Course Subject & Number	Section CourseTitle			Meeting Days	Meeting Times	Campus	
		Number		ASE TEST	ΓPREP	MT	6 – 9pm	ASH	
Signature of Student Date If younger than 18, signature of legal Date Sign after printing out the form parent/guardian & relationship to student									
<u>Payme</u>	nt Options:								
Expirat	older Name	:		unt Authorized To Be ChCard NSecuri	Number:ity Code:		-	the card)	
Office Use Only: Student ID #: Date Credit Card Processed: Employee Initials:									