



**Office of The Registrar**  
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Your dreams. Our mission.

CENTER FOR CORPORATE TRAINING & COMMUNITY EDUCATION REGISTRATION FORM

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 courses must be paid in full at time of registration. This form may be mailed to address as indicated above or faxed. **To fill out:** 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.

1. Social Security Number (optional)

OR

Student ID

2. Last Name First Name Middle Init.

3. Birth Date (mm/dd/yyyy) 4. Gender: Male Female

5. Home Phone Cell Phone 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. Personal E-mail Address 10. Military Status: Active Military Active Reserve Veteran Not a Veteran

10. Country of Citizenship:

SEMESTER & YEAR:

FALL 20

WINTER 20

SPRING 20

SUMMER 20

4-Digit Class Number	Course Subject & Number	Section Number	Course Title	Meeting Days	Meeting Times	Campus

Signature of Student  
Sign after printing out the form

Date

If younger than 18, signature of legal parent/guardian & relationship to student

Date

Payment Options:

Check Enclosed

Visa MasterCard Discover

Amount Authorized To Be Charged: \$

Card Holder Name: Card Number:

Expiration Date: Security Code: (Three digits from the back of the card)

Signature of Card Holder (sign after printing out form): Date:

Office Use Only: Student ID #: Date Credit Card Processed: Employee Initials: