

Information Technology Registration Form

You are enrolled upon receipt of your registration form and fee. Please pay by check, money order, credit card or cash (**cash accepted in-person at Bursar's office only**). **No confirmation will be sent to you.** Call or email Marlene confirm registration(s) and for directions. **You will be notified only if we cancel a course.** Full refunds will be given for courses cancelled by SPD only. **Make check payable to: Stony Brook University IFR 910334. Once payment is processed, there is a \$25 cancellation fee.**
Send registration form (**keep a copy for your records**) with payment to:

School of Professional Development- IT Programs
Social and Behavioral Sciences Bldg., Rm. N-243
Stony Brook, New York 11794-4314
Phone: 631.632.7068 • Fax: 631.632.5794 • Email: Marlene.Brennan@stonybrook.edu

NOTE: Registration accepted up to five business days before the first class. After that, call for space availability.

All items must be completed

Last 4 digits of SS#: _____ or SB ID # _____

Name _____

Address _____

Town _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email Address _____

Certificate Program (if applicable) _____

Course #	Section	Title	Start and End Date	Fee
Must include Registration Fee				\$10.00
TOTAL				_____

To pay with one of the following credit cards: MasterCard, Visa, Discover card or American Express, you **MUST** complete the credit card Authorization Form.

NOTE TO BURSAR: DEPOSIT INTO IFR 910334 AND RETURN THIS FORM WITH RECEIPT TO SPD- Zip 4314 (or put in box).

KEEP THE AUTHORIZATION FORM FOR YOUR RECORDS.

School of Professional Development
Stony Brook University
SBS N-243
Stony Brook, NY 11794-4314

**Credit Card Authorization
for Information Technology Courses Acct. #910334**

Last 4 digists of SS# _____ or Stony Brook ID# _____

Authorized Amount: \$ _____ **DATE** _____

Check One:

American Express _____ Discover _____

Mastercard _____ Visa _____

Credit Card Number: _____ Exp. Date _____

Name of Student _____

Address _____

Cardholder's Name _____
(please print)

Cardholder's Signature _____

NOTE TO BURSAR: PLEASE DEPOSIT INTO 910334. RETAIN THIS AUTHORIZATION FOR YOUR RECORDS. RETURN THE REGISTRATION FORM AND RECEIPT TO SPD. THANK YOU