

# STOCKTON UNIVERSITY | CONTINUING STUDIES

## Registration Form

All fields marked with an \* MUST be filled out in order for your registration to be processed.

\*Course Title  \*Course Date

\*Name  Maiden Name

\*Address

\*City  \*State  \*Zip Code

\*Phone Number  \*Birth Date

\*Email  Z Number

**Professional License Number**   
**\*If seeking CEs or CEUs this field must be completed.**

Payment Amount  \$

Payment Options:

- Check: Make check payable to Stockton University
- Credit Card: A secure payment link will be sent to the email address provided above.
- Purchase Order: Provide business name and contact information below. **If your purchase order is not honored, you are personally responsible for the cost of the course.**

Once the registration form and payment are received you will be enrolled into the class. If the class fills before we receive both your completed registration form and payment, you will be added to a waitlist.

Contact Information:

Email: [continuingstudies@stockton.edu](mailto:continuingstudies@stockton.edu)

Fax: 609-626-6050

Mailing Address: Stockton University  
Continuing Studies  
101 Vera King Farris Dr  
Galloway, NJ 08205

Please call us at 609-652-4227 with any questions.