STOCKTON | CONTINUING UNIVERSITY | 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 em	ail address provided above.
Purchase Order: Provide business name and contact information not honored, you are personally responsible for the cost of	

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

Fax: 609-441-3111

Mailing Address: Stockton University

Continuing Studies 3430 Atlantic Avenue Atlantic City, NJ 08401

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