



JON L. JENMARC, INCORPORATED
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NEW ENGLAND COLLEGE



PROFESSIONAL DEVELOPMENT COURSE REGISTRATION FORM

EMAIL REGISTRATION FORM TO: fran.jenmarc@gmail.com or fax it to **508.586.6448** or mail it to:
Jon L. Jenmarc, Inc. 1350 Belmont Street, Williamsburg Square #101, Brockton, MA 02301-4430

SEMESTER _____ YEAR _____ Date _____ Social Security # _____
REQUIRED FOR NEC REGISTRATION

Name _____ Male Female Date of birth _____
 Last First Initial/Maiden

Street Address _____

City _____ State _____ Zip _____

Phone (home or cell) _____ email _____

Occupation _____ Employer _____

Citizenship: U. S. Citizen Resident Alien Citizen of _____

Ethnic Origin (optional):

Non-Resident Alien Black, Non-Hispanic American Indian/Alaskan Native Other

Asian/Pacific Islander Hispanic White, Non-Hispanic Explain _____

** These questions are being asked to furnish statistics, as required by the Department of Education*

I am registering for: Credit Non-credit

I am a new student. I have enrolled previously.

New England College does not discriminate on the basis of race, creed, national or ethnic origin, or disability in the administration of its policies, admissions, scholarship and loan programs, employment, or any other rights, privileges or activities involving its students, faculty or staff. The College reserves the right to make changes affecting policies, courses, instructors or other changes deemed necessary.

Course #	Sect.	Course Title	Cr.	Start Date	Course Fee
Total Due					\$

ALL FEES ARE DUE AT THE TIME OF REGISTRATION.

Please make check payable to: Jon L. Jenmarc, Educ Consultants

Date paid _____ Amount paid _____ Payment Method: Check Money Order MC/VISA/AMEX/DISC

Card number _____ Expiration date _____

Cardholder's name _____ Signature _____

Cardholder's billing address _____