

REGISTRATION FORM



**Personal &
Professional
Learning**

Registration/Admission Form

Please use one registration form per student. Duplicate this form as needed.

This form will be used to update your contact information.

For name change requests, contact the Registration Office/Answer Center at 734-462-4426.

1. Are you Hispanic? ☐ Yes ☐ No
2. Please select all that apply:
 - ☐ American Indian or Alaska Native
 - ☐ Asian ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Male ☐ Female ☐ Non-binary

DATE OF BIRTH	STUDENT NUMBER (WILL BE ASSIGNED TO FIRST-TIME STUDENTS)		
LAST NAME	FIRST NAME	MI/FORMER NAME	
NUMBER AND STREET	CITY	STATE	ZIP CODE
EMAIL ADDRESS	DAY PHONE	EVENING PHONE	MOBILE PHONE

Section No.	CES, CES2, CESN NO.	Title of Class	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL: \$ _____



If registering for a Physical Fitness class, review waiver online at schoolcraft.edu/ppi.
Your registration signifies agreement to the waiver terms.

- ☐ Enclosed is my Check/Money Order payable to Schoolcraft College.
(If your check is returned because of insufficient funds, we may redeposit it electronically.)

If paying by credit card, register online at schoolcraft.edu/ocelotaccess or
call the Answer Center Monday–Friday, 8 a.m.– 5 p.m. at 734-462-4426 to register and pay by phone.

Mail to:
Schoolcraft College
PPL Registration
18600 Haggerty Road
Livonia, MI 48152-2696

Company-paid tuition:
Please send a copy of your purchase order when you register.

Co. Name _____
Co. Address _____
Billing Contact Person _____
PO# _____

For office use only:

