



BOSTON COLLEGE

OFFICE OF CONTINUING EDUCATION
WILLIAM F. CONNELL SCHOOL OF NURSING

COURSE REGISTRATION FORM

Name _____

Please check here if you graduated from Boston College.

Home Address _____

City _____ State _____ Zip Code _____

Please check here if you do not want to be included on the Class Participant list.

Telephone (Home) _____ Telephone (work) _____

Email _____

COURSE INFORMATION

	Course Number	Course Name	Dates	Tuition	Book/ Lab	Total												
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Type of Registration: Early (\$35) Regular (\$75)

TOTAL _____

PAYMENT INFORMATION

Check: make payable to: Trustees of Boston College

Credit Card: MasterCard Visa American Express

Account Number _____ Expiration Date _____ Security Code _____

Cardholder Name _____ Total Amount _____

Signature _____

Mail to: Boston College School of Nursing, 140 Commonwealth Avenue, Maloney Hall 270, Chestnut Hill, MA 02467