



## Register for a Class

### Student Information

Applicant Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Direct Supervisors Name: \_\_\_\_\_

Direct Supervisors Phone: \_\_\_\_\_

### Course Registration Information

Course Number and Name: \_\_\_\_\_

Course Location: \_\_\_\_\_ Course Date: \_\_\_\_\_

Prerequisite Completion Date: \_\_\_\_\_

### Method of Payment

- ☐ Check Payable to RSD
- ☐ P.O. Number
- ☐ Mastercard
- ☐ Visa
- ☐ American Express

P.O. Number / Credit Card Number: \_\_\_\_\_

Please complete and fax to RSD-TC, Attention: Diana Decker at (949) 461-7483