

Office of Executive Programs Registration Form

Please complete one registration per class/program/module

Student Information

First Name: _____

Last Name: _____

Phone Number(s): _____

Email(s): _____

If you work for an Organization

Name of Organization: _____

Job Title: _____ Website: _____

Are you or have you been a CUNY student? ___ Yes ___ No

If Yes, when: _____ Which program/School?: _____

Program Information:

- 1- Name of the program you are registering for:

- 2- Dates and term (e.g. fall 2017) of the program:

- 3- How did you hear about this program (e.g. New York Non Profit newsletter, internet search, etc.)?

Referral Code (if any): _____
- 4- What is the cost of the program? _____
- 5- Are you paying with personal check: ___ Yes ___ No (if paying with credit card, please download and use the credit card form)
- 6- Write your check to: Austin W. Marxe School of Public and International Affairs/Baruch College.
- 7- In the memo line, write the name of the program

Registration forms must be emailed or mailed to:
Edgar Zavala, edgar.zavala@baruch.cuny.edu
One Bernard Baruch Way, Box D-901
New York, NY 10010

HOW WILL YOU

IMPACT
THE WORLD?