Division of Continuing EducationStudent Financial Services Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 495-2921

Registration Changes Form

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			Fo	or any	changes tha	at result in a	dditi	onal charges, include Payment Fo	rm and	full pay	ment.	
				(Course char	nges receive	d wit	hout sufficient payment will not l	be proc	essed.		
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			(see	www.exte	nsion.harvard.edu/	'login if unsure)	_		Mor	nth (ммм)	Day (DD)	Year (YYYY)
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I certify that all of the above information is true and complete to the best of my knowledge.									Staff Date			
Signature Date												
8			Digital	signature	s are not accepted.	Document must be	signed	with a real signature.			Staff	Date

Division of Continuing Education

Please clearly print all information.

DCE ID NUMBER (if known)

@

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HARVARD ID NUMBER (if known)

2018-19 Registration Payment Form

OR

This completed form must be submitted with the Registration Form before your registration can be processed.

DATE OF BIRTH example: JAN 01 1994

(see www.extension.narvard.edu/login ii diisdre)	Month (MMM) D	ay(DD) Year	(YYYY)								
FULL LEGAL NAME (exactly as printed on your government-issued ID)			Tarana an								
Last/Family/Sur name(s)	irst/Given name(s)		Middle name(s)								
PRESENT ADDRESS (number, street, and apartment number)											
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City		State/Province		Zip/Postal code							
Country (if not US)	Telephone number (including area/co	untry code)	Cell phone number (inclu								
Email address (Must be student's personal and unique address. Please provide only one email address	s.)										
I certify that all of the above information is true and complete to the best of my knowledge.											
rectary that an of the above miorimation is true and complete to the best of my knowledge.											
Signatura											
Signature Date Digital signatures are not accepted. Document must be signed with a real signature. If under 18 years of age, parent or guardian also must sign.											
Payment type (check one):											
☐ Personal check* ☐ Investment/Trust fund check* ☐ Third		check/Money	order	it card (see below)							
* Please make checks payable to Harvard University. Include your name and date of birth on your check.											
☐ I am a Harvard Extension School admitted degree candidate with financial aid.											
☐ I am a Harvard University employee, eligible for TAP. I have attached a completed TAP form and included the TAP payment.											
Payment by Credit Card											
You must complete all of the following sections before your registration can be processed.											
AUTHORIZATION You must check the authorization box and enter the amount to	be charged.										
☐ I authorize Harvard University to charge my credit card in the	amount of \$	·									
CARD											
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover											
d Visa d MasterCard d American Express d Discover											
CARD NUMBER	EXPIRATION	DATE example:	JN 2017 SECUR	ITY CODE †							
	Marsh (sour	Y(r									
† The credit card security code is found either on the back of the card, as the last three digits printed of	Month (ммм on the signature strip, or, for American I			the card, above and to the right of							
the credit card number.											
CARDHOLDER'S NAME (please print)	CARDHOLDER'S SI	GNATURE									
CARDHOLDER'S BILLING ADDRESS											
Street											
City	State/Province		7in/Poe	stal code							
	State/Trovince		2.1p/ 1 08	an code							
Country (if not US)	Cardholder's telephone	number (including area	a/country code)								