

**STONY BROOK UNIVERSITY**  
**SCHOOL OF PROFESSIONAL DEVELOPMENT – Registration Form**  
**NCE 316.6 MICROSOFT WORD CERTIFICATE PROGRAM**

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

Last 4 Digits of SS# \_\_\_\_\_ or Stony Brook ID # \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_

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

Certificate Program Breakdown → Please Complete

COURSE #	COURSE NAME	TIME	START/END DATES
NCE 316	Introduction to Microsoft Word		
NCE 316.1	Advanced Topics in Microsoft Word		

Fee: \$459

Registration Fee: \$20

**TOTAL: \$479**

You are enrolled upon receipt of your registration form and fee. Full refunds will be given for courses cancelled by SPD only. Once payment is processed there is a \$35 cancellation fee.

Send registration form with payment to:

School of Professional Development  
 Social and Behavioral Sciences Building Room N-250  
 Stony Brook, New York 11794-4314  
 Phone: (631) 632-7022 \* Fax: (631) 632-5794 \* Email: amy.margolies@stonybrook.edu

To pay with one of the following credit cards: MasterCard, Visa, Discover card or American Express, you MUST complete the Credit Card Authorization Form. Checks should be made payable to: **SUNY at Stony Brook IFR 900012**. CASH PAYMENTS MUST BE PAID DIRECTLY TO THE BURSAR'S OFFICE.

**\*\*NOTE TO BURSAR: Deposit into IFR 900012 and return registration form with receipt to Amy Margolies at zip = 4314. KEEP THE CREDIT CARD AUTHORIZATION FORM FOR YOUR RECORDS.**

School of Professional Development  
Stony Brook University  
SBS N-250  
Stony Brook, NY 11794-4314

**CREDIT CARD AUTHORIZATION FOR IFR 900012**  
(Must be accompanied by a registration form)

Student Name: \_\_\_\_\_

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

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

Last 4 digits SS#: \_\_\_\_\_

Or Stony Brook ID# \_\_\_\_\_

**Check One:**

American Express \_\_\_\_\_

Discover \_\_\_\_\_

Master Card \_\_\_\_\_

VISA \_\_\_\_\_

**Payment Information:**

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Authorized Amount: \$ \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

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