

CENTRAL MAINE MEDICAL CENTER  
 COLLEGE OF NURSING AND HEALTH PROFESSIONS  
 70 Middle Street, Lewiston, ME 04240

**REGISTRATION FORM  
 FALL 2010 GENERAL EDUCATION COURSES**

Name: \_\_\_\_\_  
 (Last) (First) (Middle) (Maiden)

Mailing Address: \_\_\_\_\_  
 (Street or PO Box) (City) (State) (Zip)

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Social Security # \_\_\_\_\_

*PERSON TO NOTIFY IN CASE OF AN EMERGENCY:*

\_\_\_\_\_  
 (Name and Address)  
 \_\_\_\_\_  
 (Telephone) (Relationship to you)

<input checked="" type="checkbox"/>	Course	Credits
<input type="checkbox"/>	BIO 111 Human Anatomy & Physiology I	4
<input type="checkbox"/>	BIO 213 Microbiology	4
<input type="checkbox"/>	ENG 101 College Writing	3
<input type="checkbox"/>	HUM 205 Ethics in Healthcare	3
<input type="checkbox"/>	PHM 102 Pharmacology Fundamentals	3
<input type="checkbox"/>	PSY 101 Introduction to Psychology	3
<input type="checkbox"/>	PHL 100 Phlebotomy	2

Total Credits: \_\_\_\_\_ x \$210 = \$ \_\_\_\_\_  
 Add \$50 lab fee for BIO 111 & BIO 213 + \_\_\_\_\_  
 Add \$30 registration fee (not required of current  
 CMMC CONHP nsg/rad students) + \_\_\_\_\_  
 Add technology fee (\$50 for 3 credits OR  
 \$100 for 4 or more credits, not required of  
 current CMMC CONHP nsg/rad students) + \_\_\_\_\_  
**TOTAL: \$ \_\_\_\_\_**

**PAYMENT OPTIONS:**

\_\_\_\_\_ Check enclosed (made payable to CMMC College of Nursing)  
 \_\_\_\_\_ Credit/Debit: VISA \_\_\_ MasterCard \_\_\_ Card Number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ CVV Code \_\_\_\_\_ Print Card Holder's Name \_\_\_\_\_  
 Card Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Bill me (I understand that all costs must be paid in full prior to the first class)  
 \_\_\_\_\_ Payroll Deduction (CMHC Employees only)

- Submit this form to Asst. Registrar, CMMC College of Nursing, 70 Middle St., Lewiston, ME 04240-