**Human Resource Management Program Application**

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| Name: | Click or tap here to enter text. |
| Home mailing address: | Click or tap here to enter text. |
| City/State/Zip: | Click or tap here to enter text. |
| Phone number (home): | Click or tap here to enter text. |
| Phone number (work): | Click or tap here to enter text. |
| Preferred email address: | Click or tap here to enter text. |
| Place of employment: | Click or tap here to enter text. |
| Position/Job title: | Click or tap here to enter text. |
| Exam you will be sitting for (CP/SCP): | Click or tap here to enter text. |

**Mail registration with check to:**

Center for Continuing Education

LeMoyne College

210 Grewen Hall

1419 Salt Springs Road

Syracuse, NY 13214-1301

**Checks payable to: LeMoyne College**

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| Check enclosed for $: | Click or tap here to enter text. |
| Check #: | Click or tap here to enter text. |
| Bank: | Click or tap here to enter text. |