



Continuing Education Registration Form

Social Security Number (this becomes your student number) _____

Name (Last) _____ (First) _____ (MI) _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Name of Business _____ County _____

Home Phone _____ Business Phone _____ Date of Birth* _____ Race* _____ Sex: (M/F) _____

*Optional data used for statistical purposes only.

Course : _____ Date: _____ Time : _____

Email address: _____ Fee Enclosed : _____

Have you attended a course within the last year? (Y/N) _____ Education Level Completed (1-17) _____

Section Number _____	CIP No. _____	Completion Date _____	Total Contact Hours _____
Instructor _____	Hours Per Week _____		
Course Fee _____	Receipt # _____	Check # _____	
Supply Fee _____	Date Paid _____	FOR DEPARTMENT USE	
Total _____	CRN# _____		

TO ENSURE THE CLASS IN WHICH YOU ARE INTERESTED IS HELD, REGISTRATION FEES MUST BE PAID 7 DAYS PRIOR TO FIRST DAY OF CLASS. PARTICIPANTS ARE NOT CONSIDERED "REGISTERED UNTIL FEES ARE PAID."

REFUND POLICY:

- A. Pre-registered students may receive a full refund of all course fees and supply fees for short-term courses provided cancellation is received prior to the scheduled date of the first class or registration/payment deadline.
- B. Students who withdraw prior to the beginning of the third class session following enrollment in a short-term course of 30 or more contact hours may receive a refund of 75 percent of all course fees. No refund will be made after that date.
- C. Students who withdraw from a seminar, workshop, or special short-course of less than 30 contact hours will receive no refund
- D. Refunds will automatically be provided when the institute cancels a course or seminar.

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