



Continuing Education Registration Form

Name: _____
Last First Middle
SSN or Student ID: _____ Address: _____
City: _____ State: _____ Zip: _____
County of Residence: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female
Phone (C): _____ (H): _____ (W): _____

Course #	Section #	Course Title	Course Dates/Time	Fee

Employment:

☐ Full-Time ☐ Part-Time (_____ hours per week) ☐ Retired ☐ Unemployed

Employer (*For Customized Training Classes*): _____

Demographic Information:

Race (Select one or more): ☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Hispanic or Latino ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ Unknown

Education: ☐ Non-Graduate (Highest grade completed) _____ ☐ GED ☐ High School Graduate
☐ Adult High School Diploma ☐ 1-year Vocational Diploma ☐ Associate Degree
☐ Bachelor's Degree ☐ Master's Degree or Higher

Law Enforcement/ Fire/ EMS: *required for the registration fee exemption:*

Department: _____ ☐ Paid ☐ Volunteer

Job Title: _____

Email: _____

Student Signature: _____ **Date:** _____



Continuing Education Payment

Payment Information:

Cash ☐ Check ☐ Money Order ☐ Visa ☐ Master Card ☐

Credit Card Number: _____

Card Holder's Name: _____

Card Holder's Billing Address: _____

Security Code: _____ Expiration Date: _____

Registration Fee: _____ Add'l Fee Amount: _____ Total Paid: _____

Card Holder Signature: _____

Once payment information is received, the card will be charged the tuition amount. The receipt will be immediately emailed to the applicant. Once receipt is emailed, this payment information sheet will be immediately shredded.
