



Continuing Education Department

Name: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Eve. Phone: _____

E-Mail: _____ Date of Birth _____

I am paying by: Check No. _____ Visa ____ MC ____ Discover ____ Other _____

Cardholder's Name: _____

Card Number: _____ Exp. Date: _____

3-Digit ID Code (found on signature strip on back of card) _____

Signature: _____

The information for the following questions are required for state and federal statistical purposes only. Responses will not be used to determine admission.

Ethnicity: (Select one) Gender: _____ Male _____ Female

Hispanic or Latino

Not Hispanic or Latino

Race (Select one or more)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Are you a citizen of the United States? Yes___ No ___(If no, then please complete next four items)

1. Country of citizenship: _____
2. Permanent Resident Card #: _____
3. Foreign Student (F1 Student Visa #): _____
4. Other Visa (Please list type and #): _____

Course Name	Location	Day (s)	Begin Date	End Date	Time	Tuition