

Course Registration Form

COLLEGE OF CONTINUING EDUCATION
UNIVERSITY OF MINNESOTA

Mail or fax form to:
CCE Registration
201 Coffey Hall
1420 Eckles Ave
St. Paul, MN 55108-1000
Phone: 612-624-4000
Secure Fax: 612-624-5359

1. Registrant Information

Name: *Last _____ *First _____ *MI _____
Employer/Organization _____ Title _____
*E-mail Address _____
*Address _____
*City _____ *State _____ *ZIP Code _____
Daytime Phone # _____

* Information in the section above is private data. Items marked by an asterisk (*) are required for identification and to establish your student record. Information is shared with the registrar's office, your instructor, and other University offices for the purposes of record keeping, affirmative action, and reporting.

2. Course Selection

Course #	Course Dates	Course Name	Course Fee

Please use second page when registering for multiple courses at the same time.
If registering multiple individuals, please include individual registrant information on second page.

3. Amount Due

Include any additional courses from second page.

Enroll me in the _____ Certificate Program

Discount options (**choose only one**)

- U of M employee (Call 612-624-4000 for current discount) \$ _____
- UMAA member (10%) UMAA ID# _____ \$ _____
- All courses in certificate program (10%) \$ _____
- Other _____ \$ _____

Total \$ _____

4. Method of Payment

___ Third Party Agency/Employer Billing/Workforce Agency (attach letter of authorization or purchase order)

___ University of Minnesota EFS Account String: Fund: _____ Dept. ID: _____
Program: _____ CF2: _____

___ Check (Payable to the University of Minnesota)

If your check is returned because of insufficient funds or closed account, or because you have made a stop payment request, you will be charged a check handling fee of \$20.

___ VISA ___ MasterCard ___ American Express ___ Discover

Account No. _____ Expires _____

Cardholder (please print) _____ Signature _____

Course Registration Form Additional Courses

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Name: *Last _____ *First _____ *MI _____
*E-mail Address _____

2. Course Selection – continued from first page

Course #	Course Dates	Course Name	Course Fee

Total Cost Add to Front \$ _____

1a. Multiple Registration Information

Name: *Last _____ *First _____ *MI _____
Daytime Phone # _____ *E-mail Address _____

Name: *Last _____ *First _____ *MI _____
Daytime Phone # _____ *E-mail Address _____

Name: *Last _____ *First _____ *MI _____
Daytime Phone # _____ *E-mail Address _____

Name: *Last _____ *First _____ *MI _____
Daytime Phone # _____ *E-mail Address _____