

Learning Life Registration Form

COLLEGE OF CONTINUING EDUCATION

UNIVERSITY OF MINNESOTA

Information Center
20 Ruttan Hall
1994 Buford Avenue
St. Paul, MN 55108
Fax: 612-624-5359
Phone: 612-624-4000

1. Student Information

NAME: *Last _____ *First _____ *MI _____

E-mail Address _____ Gender: _____ *Male* _____ *Female*

*Address _____

*City _____ *State _____ *Zip Code _____

Home Phone # _____ Work Phone # _____ Mobile Phone # _____

* Information in the section above is private data. Items marked by an asterisk (*) are required for identification and to establish your student record. Remaining items are voluntary and are used for positive identification. Failure to provide voluntary information will have no effect on your registration. Information is shared with the registrar's office, your instructor, and other University offices for the purposes of record keeping, affirmation action, and reporting.

2. Course/Event Selection

Event ID	Title	Date or Dates

3. Amount Due

Tuition if paying full registration \$ _____

Tuition if eligible for discount (**choose only one**, see Web site at cce.umn.edu/learninglife for details)

Learning Circle Code _____ \$ _____

U of M employee \$ _____

Alumni Association Member # _____ \$ _____

4. Method of Payment

Cash (In-person only)

Check (Payable to the University of Minnesota)

If your check is returned because of insufficient funds or closes 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 _____