

Semester _____
 Year _____



UNIVERSITY OF COLORADO
 AT COLORADO SPRINGS

Non Credit Course Registration Form

Beth-El College of Nursing and health Sciences
 Extended Studies
 1420 Austin Bluffs Parkway
 P.O. Box 7150
 Colorado Springs, CO 80933-7150
 Office 719-255-4486 fax 719-255-4284

Last Name	First Name	Middle Name	Former Name (if applicable)	Date of Birth (MM/DD/YYYY) / /
Gender Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Daytime Phone:	Home Phone:	Student ID/ Social Security # - -	
Ethnicity (Optional) <input type="checkbox"/> Black/African American (Not of Hispanic origin) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian/White (Not of Hispanic origin) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic				
Mailing Address	City, State, Zip Code		Email Address	

Pass/Fail or NC	Course Title	Course Number	Section Number	CEU Hours	Tuition
P/F					

Amount Paid	Payment Method (Please Circle) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Third Party

YOU WILL NOT BE AUTOMATICALLY DROPPED FROM THIS COURSE FOR NON-PAYMENT OR NON-ENROLLMENT

I certify to the best of my knowledge that the information furnished on this application/registration is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that I am responsible for payment of all tuition and fees.

Signature: _____

Received by Extended Studies Coordinator: _____ Date: _____ Date Enrolled: _____ A&R Staff Member _____

Semester _____
 Year _____



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Non Credit Course Payment Form

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Mailing Address	City, State, Zip Code		Email Address	

Pass/Fail or NC	Course Title	Course Number	Section Number	CEU Hours	Tuition
P/F					

Method of Payment (Please Circle) Check Credit Card other	Amount Paid \$ _____	Third Party (attach voucher or letter head letter of approval) Contact person _____ Company mailing address _____ Telephone number(_____) _____
Check #	Credit Card Number	Card Holder Signature

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Applicant Signature: _____

Received by Extended Studies Coordinator: _____ Date: _____ Date Enrolled: _____ A&R Staff Member _____