

(C3) NON-CREDIT COURSE REGISTRATION FORM

UNIVERSITY of COLORADO at COLORADO SPRINGS COLLEGE: Beth-El College of Nursing and Health Sciences
EXTENDED STUDIES

1420 Austin Bluffs Parkway, Colorado Springs, Colorado 80918

Office:719-255-4486 Fax:719-255-4255

 Last Name First Name Middle Name Former Name, if applicable YEAR: 2009 TERM: Spring May 15

 Date of Birth Day Time Phone Home Phone

 Home Address City State Zip Code EMAIL address

- Gender:** Male Female
Ethnic Origin (Optional)
 American Indian or Alaskan Native Asian or Pacific Islander
 African American, not of Hispanic origin White, not of Hispanic origin
 Hispanic Other _____

*Pass fail or NC	TITLE OF COURSE	COURSE NUMBER	SECTION NUMBER	CEU HOURS	INSTRUCTOR SIGNATURE (For Space Available or Late Add)	TUITION
P/F	SANE-A CERTIFICATION REVIEW	NTOP100	N02			\$150.00

*Indicate (P/F) to Add the course for CEUs (indicate CEU hours). Indicate (NC) to add the course for no credit.

Amount Paid \$ _____ (full amount due at time of registration) Third Party Billing _____ Company Name _____
 Address _____
 Contact Person Name _____ Phone Number _____

Check # _____ MasterCard/VISA # _____ Expiration Date _____

YOU WILL NOT BE AUTOMATICALLY DROPPED FROM THESE COURSES FOR NON-PAYMENT OR NON-ATTENDANCE.

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.

APPLICANT'S SIGNATURE: _____ DATE _____

(C3) NON-CREDIT COURSE REGISTRATION FORM

UNIVERSITY of COLORADO at COLORADO SPRINGS
EXTENDED STUDIES/Beth-EI
1420 Austin Bluffs Parkway, Colorado Springs, Colorado 80918

COLLEGE: Beth-EI
COORDINATOR: Deidre Green
PHONE: Office 719-255-4486 Fax 719-255-4284

YEAR: 2009 TERM: SPRING May 15

 Last Name First Name Middle Name Former Name, if applicable

 Student #/Social Security # Date of Birth Day Time Phone Home Phone

 Home Address City State Zip Code EMAIL address

Gender: **Ethnic Origin (Optional)**

Male American Indian or Alaskan Native Asian or Pacific Islander

Female African American, not of Hispanic origin White, not of Hispanic origin

Hispanic Other _____

*Add or NC	TITLE OF COURSE	COURSE NUMBER	SECTION NUMBER	CEU HOURS	INSTRUCTOR SIGNATURE (For Space Available or Late Add)	TUITION
P/F	SANE-A CERTIFICATION REVIEW	NTOP100	N02	0.7		\$150.00

*Indicate (P/F) to Add the course for CEUs (indicate CEU hours). Indicate (NC) to add the course for no credit.

Full amount due at time of registration. Attach all payment information to Bursar's copy only.

Third Party Billing Check MasterCard/VISA

Complete payment information on Bursar's copy only

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APPLICANT'S SIGNATURE: _____ **DATE** _____

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 EXTENDED STUDIES COORDINATOR SIGNATURE: _____ DATE: _____ Rev 12/21/07 (For Office Use): Date Enrolled _____ By A&R staff _____