

(C3) NON-CREDIT COURSE REGISTRATION FORM *Bursar's Copy*

UNIVERSITY of COLORADO at COLORADO SPRINGS COLLEGE: Beth-El College of Nursing and Health Sciences
EXTENDED STUDIES
P.O. Box 7150, Colorado Springs, Colorado 80933-7150

_____ YEAR: 2008 TERM: SPRING APRIL 9&10
Last Name First Name Middle Name Former Name, if applicable

_____ 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 PEDIATRIC REFRESHER	NTOP100	N01	1.5		\$250.00

*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 _____

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UNIVERSITY of COLORADO at COLORADO SPRINGS
EXTENDED STUDIES
P.O. Box 7150, Colorado Springs, Colorado 80933-7150

COLLEGE: Beth-EI
COORDINATOR: Deidre Green
PHONE: Office 719-262-4486 Fax 719-262-4284

YEAR: 2008 TERM: SPRING APRIL 9&10

 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: Male Female
Ethnic Origin (Optional)
 American Indian or Alaskan Native African American, not of Hispanic origin Hispanic
 Asian or Pacific Islander White, not of Hispanic origin Other_____

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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** _____

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