School of Continuing Education

Eastern Connecticut State University

Non-Credit Registration Form

Instructions

* Required Fields

General Information

Social Security Number: Numbers Only * DOB: (mm dd yyyy) numbers only,no dashes, slash or spaces

* First Name: * Last Name: MI:

* Mailing Address: * City:

* State: * Zip Code: * Home Phone Number: Numbers only,no spaces or special characters

Work Phone Number: ex:8607893333 Extension: Cell Phone Number: ex:8607893333

* Email: Name of Employer:

Ethnic Group

Native American ☐ African American/Black ☐ Puerto Rican ☐ Hispanic ☐ Asian/Pacific Islander ☐ White, Non-Hispanic ☐

Other: ☐

Registration Information

Course Code	Section	Course Title	Cost
* –	*	*	*

Total Charge = $0.00

Payment Information

* Payment Method: Check ☐ Money Order ☐ or Credit Card: ☐

* Signature: Manually Sign Here After Printing the Form Date Signed: 02/11/2009

Statistical Information (optional)

1. How did you hear about this program? ☐ Cable TV ☐ Radio ☐ Newspaper ad - where?

☐ WebSite - where? ☐ Other:

2. Have you attended a non-credit course before? ☐ Yes ☐ No

3. Have you ever attended Eastern as a full-time or part-time student? ☐ Yes ☐ No

Print Form

Mail or fax your signed registration form with payment to:

Eastern Connecticut State University

83 Windham Street Willimantic, Connecticut 06226.

Phone: (860) 465 - 5125

Fax Number: (860) 465 - 0062 (credit card only!)

Office of Professional Development