

Continuing Education Class Registration Form

STUDENT INFORMATION

Date:	Last Name:	First Name:	Middle Initial:
Address:			
Preferred Phone number:			Alternate Contact Phone number:
Email address:		County of Residence:	

COURSE INFORMATION

Course Name	Location (Building)	Days(s)	Time

SURVEY OPTIONS

HOW DID YOU HEAR ABOUT THIS COURSE? *Please check only one.*

Senior Center Website
 Senior Center Advertisement
 Flyer
 ECSU Website

University Mailing
 Advertisement
 Other _____

List other programs you would like to receive information on _____

Signature: _____ Date: _____

***Submit completed form to the Director of Continuing Education at address below*

Director of Continuing Education
 OFFICE of the REGISTRAR