



UNION INSTITUTE & UNIVERSITY

Professional Studies & Continuing Education | 440 E. McMillan St. Cincinnati OH 45206
(800) 861-6400 Ext. 1201 / FAX (513) 487-1098

Professional Studies & Continuing Education Enrollment Form

To Register: Please ensure that all the information is provided, review our cancellation policy, complete this enrollment form and indicate method of payment. Fax (513-487-1098) or mail the enrollment form to Union Institute & University, Professional Studies & Continuing Education, 440 E. McMillan St., Cincinnati , OH 45206.

All the information MUST be provided for you to be registered:

Date:		ID#:	
Student Name (please Print):		Student Signature:	
Gender: Male Female		SS# (required):	
email:		Work Number:	
Mailing Address:		Home Number:	
Check here if you are planning on applying in a UI&U degree program		Optional: Date of Birth (MM/DD/YYYY): Ethnicity: Are you Hispanic/Latino: Yes <input type="checkbox"/> No <input type="checkbox"/> Race (check all that apply): American Indian Asian Black/African American Native Hawaiian or Other Pacific Islander White	
Highest degree obtained:	High school <input type="checkbox"/>	Associate: <input type="checkbox"/>	Bachelor: <input type="checkbox"/> Master: <input type="checkbox"/> Doctorate <input type="checkbox"/>
Check here if you have been accepted into or are you currently enrolled in a UI&U degree program <input type="checkbox"/>			
Date started or applied for: Year		Term	
UI&U Degree Program:	BA: <input type="checkbox"/>	BS: <input type="checkbox"/>	MEd: <input type="checkbox"/> MA CMHC: <input type="checkbox"/> MA: <input type="checkbox"/> PhD: <input type="checkbox"/>
UI&U Degree Program Location:	CNCT: <input type="checkbox"/>	LA: <input type="checkbox"/>	MIAMI: <input type="checkbox"/> SCRMNT: <input type="checkbox"/> ONLINE: <input type="checkbox"/> BRATT: <input type="checkbox"/> OTHER: <input type="checkbox"/>
Payment is required to reserve a space and will be made on your behalf by the Center for Health and Learning:			
Organization to be billed by the Sponsoring Organization of the course (include address): Center for Health and Learning, 28 Vernon Street, Suite 319, Brattleboro, VT 05301			
PO # <input type="checkbox"/>			

I WISH TO ENROLL IN THE FOLLOWING COURSE:

Start Date	Title: Alcohol, Tobacco and Other Drug (ATOD) Education	
October 6, 2019		
End Date	Instructor: Debby Haskins	Location: Online
November 30, 2019	Credits: 1 Graduate Credits	

Transfer of Credit - As with most other colleges and universities in the United States, credits earned are transferable only at the discretion of the receiving school. (Pursuant to Vermont Statutes Annotated, Title XVI, Statute 176, Sec. 1(c)(1)(C).)

Cancellation/Drop Policy: In order for us to provide the most experienced instructors and superior learning environment, we must ask that you adhere to our cancellation policy. All tuition and fees are payable before your course begins, and no refunds are available AFTER the course begins. If you are unable to participate in a course and you cancel your enrollment BEFORE the course begins, the tuition will be refunded. We reserve the right to reschedule a class should circumstances make it necessary. In this unlikely event, full payment may be applied to the next regularly scheduled course offering.

I understand that successful completion of this course does not guarantee acceptance by credentialing organizations and/or licensing boards. I also understand that it is my responsibility alone to ensure that this course meets my professional and/or personal objectives. I have read and acknowledge the above Transfer of Credit and Cancellation.

Your Signature

Date

For Office Use Only:	Received _____	Entered _____	Paid _____	Sent _____
	ID#	Year	Term	Updated 5/13/15