

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:								
					Optional:								
Check here if you are planning on applying in a UI&U				Date of Birth (MM/DD/YYY): Ethnicity: Are you Hispanic/Latino: Yes No									
degree program				Race (check all that apply): American Indian Asian Black/African American Native Hawaijan or Other Pacific Islander White									
Highest degree obtained	Litter and a second					1							
Highest degree obtained:	U	h school		Associa	-		Bachelor: Master:				Doctorate		
Check here if you have been accepted into or are you currently enrolled in a UI&U degree program													
Date started or applied for: Year Term													
UI&U Degree Program:		BA:	BS:	MEd	MA C		MHC:	MA	A :	PhD:			
UI&U Degree Program Locati	on:	CNCTI:		LA:	MI	AMI:	SCRMNT: ONLIN		ONLINE:	BRATT:		OTHER:	
Payment is required to reserve a space to The Center for Health and Learning:													
A check in the amount of tuition made payable to Center for Health and Learning & will be sent to:										to:			
Center for Health and Learning, 28 Vernon Street, Suite 319, Brattleboro, VT 05301													
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# ~													
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I WISH TO ENROLL IN THE FOLLOWING COURSE:

Start Date	Title: Online Course - Promoting Personal Health and Safety Through the Prevention of Injury and					
March 4, 2018	Violence					
End Date	Instructor:	Location: Online				
May 1, 2018	Credits: 2 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 Sign		Date					
For Office Use Only:	Received	Entered_	Paid	Sent			
For Office Osc Only.	ID#	Year	Term	Undated 5/13/15			