



# UNION INSTITUTE & UNIVERSITY

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 <b>planning on</b> applying in a UI&U degree program		<b>Optional:</b> Date of Birth (MM/DD/YYYY): Ethnicity: Are you Hispanic/Latino: Yes No Race (check all that apply): American Indian Asian Black/African American Native Hawaiian or Other Pacific Islander White					
Highest degree obtained:	High school	Associate:	Bachelor:	Master:	Doctorate		
Check here if you <b>have been accepted into</b> or are you <b>currently enrolled</b> in a UI&U degree program							
<b>Date started or applied for: Year _____ Term _____</b>							
UI&U Degree Program:	BA:	BS:	MEd:	MA CMHC:	MA:	PhD:	
UI&U Degree Program Location:	CNCTI:	LA:	MIAMI:	SCRMNT:	ONLINE:	BRATT:	OTHER:
<b>Payment is required to reserve a space. Please choose the following method of payment:</b>							
A check in the amount of tuition made payable to <i>Union Institute &amp; University</i> & sent to:							
<a href="#">Tuition will be paid for by The Center for Health and Learning</a>							
Organization to be billed by the Sponsoring Organization of the course (include address):							
The Center for Health and Learning, 28 Vernon Street, Suite 319, Brattleboro, VT 05301							
PO #							
Credit Card Authorization: Please attach credit card authorization form							

### I WISH TO ENROLL IN THE FOLLOWING COURSE:

<b>Start Date</b>	<b>Title:</b> Complex Trauma in Our Schools: Using Non-Verbal Communication and Intervention					
January 17, 2018	for Improved Classroom Outcomes					
<b>End Date</b>	<b>Instructor:</b> Betsy Graziadei, MPS ATR-BC			<b>Location:</b> Montpelier, Vermont and Virtual		
April 15, 2018	<b>Credits:</b> 3			<b>Total Due: (\$165 per credit hour)</b>		

**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 5/11/16