

## 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.

	A)	ll the in	forr	natio	n M	UST	Ր be բ	provid	led f	for you	u to l	oe regi:	stei	red:	
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 <b>planning on</b> applying in a UI&U					Date of Birth (MM/DD/YYY): Ethnicity: Are you Hispanic/Latino: Yes No										
degree program						Race	e (chec	k all tha	nat apply): American Indian Asian Black/African ve Hawaiian or Other Pacific Islander White						
							rican			alian or (	Other F	acific Isla	ande	er White	
Highest degree obtained	: Hig	h school		Ass	sociate	e:		Bache	lor:		Maste	r:	Do	ctorate	
Check here if you hav	eck here if you <b>have been accepted into</b> or are you <b>currently enrolled</b> in a UI&U degree program														
Date started or applied for: Year Term															
UI&U Degree Program:		BA:	BS:		MEd:		MA C	MHC:	М	IA:		PhD:			
UI&U Degree Program L	ocation:	CNCTI:		LA:		MIA	AMI:	SCRMI	NT:	ONLIN	√E:	BRATT:	: OTHE		OTHER:
Payment is required	to reser	ve a spa	ce.	Please	e cho	ose 1	the fo	llowing	met	hod of	paym	nent:			
A check in the am															
	Tuition will be paid for by The Center for Health and Learning														
Organization to be I	oilled by	the Spo	nsoi	ring O	rgan	izatio	on of t	the cou	ırse (	(includ	e add	ress):			
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Credit Card Autl	norizatio	n: Plea	se a	ttach	credi	it car	d aut	horizat	ion f	orm					
I WISH TO ENROLL I	N THE F	OLLOW	ING	COUR	SE:										
Start Date	Title: Complex Trauma in Our Schools: Using Non-Verbal Communication and Intervention								vention						
October 8, 2017	for Improved Classroom Outcomes														
End Date	Instru														
February 15, 2018															

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				
Tor office esc only.	ID#	Year	Term	Updated 5/11/16				