

University of Idaho

Office of the Registrar
 PO Box 444260
 Moscow, ID 83844-4260
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 Fax (208) 885-9061
 www.uidaho.edu/registrar

CEU REGISTRATION

The following information is **REQUIRED** (unless noted as optional) to complete your CEU registration request

PLEASE PRINT CLEARLY:

FULL LEGAL NAME: _____

Other Names/Nicknames: _____

Address: _____

(City) _____ (State) _____ (Zip) _____ Telephone: (____) _____

Required Information:

Birth Date: _____

Received UI CEU credit or taken UI classes before? No Yes

If Yes, last year enrolled: _____

Are you a US Citizen? Yes No

If **No**, are you a Permanent Resident? Yes No

Optional Information:

Gender: Male Female

Ethnicity:

Are you Hispanic/Latino/Latina or of Spanish origin? Yes No

Race: American Indian/Alaska Native Asian White
 Black/African American Native Hawaiian/Other Pacific Islander

CEU COURSE INFORMATION:

Registration Term: Fall Spring Summer **Year:** _____

CRN	Subject	Course		Units	Title
		Number	Section		
		001			

Agreement: By my signature below, I certify that the statements in this registration request are true and complete to the best of my knowledge. The CEU course information will be recorded on a transcript that I may request a copy of, in writing with payment from the University of Idaho Registrar's Office as I need verification of my continuing education units.

Student's Signature _____ **Date** _____

Payment MUST be included with CEU Registration to be processed

CEU Course Fees: \$ _____ **Check** or **Credit Card:** Visa MC Discover
 (no cash accepted)

_____ Credit Card #

_____ Exp. Date

_____ Verification Code (3 or 4 digits on back)