Utica College
Division of Graduate and Continuing Education
Professional Development Programs
1600 Burrstone Road, Utica, NY 13502
For questions or to Register by Phone: (315) 792-3344 * Register by FAX: (315) 792-3139

MR. MRS. MS. LAST	FIRST	MIDDLE	MAIDEN NAME (IF USED AT UC)	DATE OF BIRTH	SOC.SEC. N0.

MAILING ADDRESS STREET	CITY	ZIP CODE	COUNTY	PHONE NO.	SEX

NAME AND ADDRESS OF EMPLOYER	BUSINESS PHONE NO.	TERM
DIRECT BILL ATTENTION TO: (Professional Development Only)		FALL ____ WINTER ____ SPRING ____ SUMMER ____

Is this your first Utica College registration? **Yes** ___ **No** ___
If **NO**, did you previously register for credit ____professional development____?

Do you currently attend a school other than Utica College? **Yes** ___ **No** ___
If YES, what school_____.

Are you Matriculated at Utica College? **Yes** ____ **No** _____
Major _____

Do you hold a degree? **Yes** ____ **No** ____
If **YES,** what degree?_____

From what school?_____

Reason for enrolling:

- ❑ A. English as a Second Language
- ❑ B. Graduate
- ❑ C. Minor in Gerontology
- ❑ D. Nursing
- ❑ E. Preparation for Graduate Studies
- ❑ F. Professional Certification
- ❑ G. Professional Development
- ❑ H. ROTC
- ❑ I. Teacher Certification
- ❑ J. Undergraduate

TUITION PAID BY

- ❑ SELF
- ❑ GI BILL
- ❑ SCHOLARSHIP/LOAN
- ❑ EMPLOYER DEFERRAL
- ❑ OTHER
- ❑ DIRECT BILLING (Prof. Dev. Only)

COURSE KEY NUMBER	COURSE PREFIX AND NUMBER	SECTION (IF ANY)	COURSE TITLE (ABBREVIATE)	CREDIT HOURS	DAYS	TUITION	OTHER COURSE FEES (IF ANY)

CLOSED COURSE PERMISSION

COURSE:_____

CONT. ED. SIGNATURE _____

CREDIT CARD INFORMATION

AM EXP/DISC/MC/VISA _____

STUDENT SIGNATURE _____

EXPIRATION DATE _____

F P M W

By signing this I understand that I am registered for this course(s) and am responsible for all charges.

_____**date**_____

E-MAIL ADDRESS

FAX NUMBER

REGISTRATION GUIDELINES: Early registration is encouraged. Register now through the course start date. **By Mail—**Mail your completed registration form to: Utica College, Division of Graduate and Continuing Education, Professional Development Programs, 1600 Burrstone Road, Utica, NY 13502-4892. **By Phone—**To register, or for more information, call 792-3344. **By Fax—**To register, fax your completed registration form to 792-3139. **In Person—**Registration is accepted Monday - Thursday, 8:30 a.m. – 6:30 p.m. and Friday, 8:30 a.m. – 5:00 p.m. in 124 Addison Miller White Hall.

PAYMENT METHODS: Company Direct Invoice—If your employer will accept direct billing from Utica College, we will invoice your employer for professional development courses. Indicate the company direct invoice option on the registration form and include the name of the individual within your company who should receive an invoice. **Employer Tuition Program—**If your employer reimburses your tuition after you complete a course, you may ask Utica College to defer your billing until 30 days after the course ends through the Employer Tuition Program. Call 792-3344 to request an Employer Tuition Deferral Application form. **Credit Cards/Checks—**Utica College accepts the following credit cards: Visa, MasterCard, Discover, and American Express. Indicate the credit card option on the registration form and include credit card information. Checks should be made payable to Utica College.

REFUNDS: Full refunds are granted prior to the start of a course. Call 792-3344 for course withdrawal/refund request. No refunds are granted after the start of the course.

CORPORATE DISCOUNT: A ten percent discount will be extended to groups of three or more enrolled in the same section of a course from one company or organization; likewise, a fifteen percent discount is extended to groups of six or more. Group registrations must be placed at the same time to qualify for the discount.