

School of Outreach Extension Credit Course Registration Form

Semester and year Spring 2019

PERSONAL INFORMATION

Name _____
 First Last Middle Initial Maiden Name

Student ID or Social Security No. _____ Birthdate _____ Gender Male Female

Mailing Address _____ City _____ State _____ Zip _____

Billing Address _____ City _____ State _____ Zip _____

Daytime Phone _____ E-Mail Address _____

EDUCATION

Have you every attended Montana Western? No Yes

Highest Degree Earned _____ Year received _____

Name of Institution _____

COURSE DETAILS

CRN	Dept	Course #	Course Title	Credits	Location	Instructor	Fee
TBD	EDU	491E	MALT 2019: Methodology in WLC	1	Dillon	Edgington	\$115
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

PAYMENT OPTIONS

Cash (do not send cash via mail) Check* or Money Order (payable to UMW) *Include student name on memo line.

Credit Card: Visa Discover MasterCard Number _____

Expiration date _____ 3-digit security code (found on back of credit card) _____ Zip Code _____

Cardholder signature _____ Today's date _____

Bill a third-party agency. The UMW Business Office will bill the third party according to the information provided below.

Organization/Contact Name _____

Address of Third Party _____

Contact Phone _____ Contact E-Mail Address _____

I would like a receipt mailed to me.

Student Signature _____ **Date** _____

Please mail, fax or phone registration and payment information to:

The University of Montana Western
 School of Outreach
 710 S. Atlantic St.
 Dillon, Mont. 59725
 406-683-7537 or 866-799-9140
 406-683-7809 (fax)

FOR OFFICE USE ONLY

E-mail confirmation

Invoice requested

120114-1