Kent State Trumbull, Workforce Development & Continuing Studies– Registration Form

Full Name _____ email address: _____

Address _____ City _____ State _____ Zip _____

Day Phone _____ Night Phone _____ Cell Phone _____

^^ *Optional – for Reporting Purposes* ^^

Gender: ____ Male ____ Female Birth date: _____/_____/_____ (month/day/year)

Race: __White __Black/African American __Hispanic/Latino __Asian __American Indian/Alaskan Native __Multiracial __Other

==========

Course Name	Fee
_____	$_____
_____	$_____
_____	$_____

Self Paid:
- ☐ Cash
- ☐ Check: Payable to: KSU
- ☐ Credit Card: ___Visa ___ MasterCard

Card #: _____Exp_____

Employer / Other Paid:
- ☐ Company _____
  Purchase order of letter of authorization required
- ☐ Tuition Voucher _____
  Student must pay in advance, will be reimbursed
- ☐ Other _____ _____

_____ *Registered / Lumens* _____ *Payment Processed / Cashnet* _____ *Date Completed*

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