



## REGISTRATION FORM

Payment is due at the time of registration. Please fill in form below and return with payment.

Mr. / Mrs. / Ms. / Miss. **Name** \_\_\_\_\_  
 Last First M.I.

**Company Name** (if applicable): \_\_\_\_\_

**6 fH MYU.** ..... **Gender:** Male Female

**Ethnicity**  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Hispanic or Latino

\_\_\_\_\_ **Mailing Address** \_\_\_\_\_ **City**

\_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Email** \_\_\_\_\_

This address is a:  Business  Home **Daytime Phone** \_\_\_\_\_ ext. \_\_\_\_\_

**Evening Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Enrollment:** Are you now enrolled or have you previously enrolled at UVI?  Yes  No

If yes, please indicate which program  UVICELL  UVI Academic Program

**Courses Requested**

Course Title	Day/Time	Cost
Total Cost		

**Method of payment** (Please fill out the information below if you are **not** paying online)

<input type="checkbox"/> Check (No. _____) <input type="checkbox"/> Money Order Make payable to: University of the Virgin Islands	<input type="checkbox"/> Cash <input type="checkbox"/> VA Voucher <input type="checkbox"/> Government PO <input type="checkbox"/> DOL Voucher	Bill my: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express
	Card Number: _____ Expiration: _____	

I have met all course prerequisites  Yes  No  Please add me to the mailing list

To the best of my knowledge, the above information is complete and accurate. I certify that I have read all waivers and stipulations and understand the information given to me. **NOTE:** Early registration is suggested as classes must have sufficient enrollment in order to run. Your registration will not be considered complete until payment is rendered in full. **REFUNDS:** Students must notify CELL in writing five working days in advance of the course to receive a full refund (less a \$25 processing fee). No refund will be made if the request is received after the specified final refund date (five working days prior to the start of the course).

I Agree  I Decline

Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**