



CONTINUING and COMMUNITY EDUCATION REGISTRATION FORM

Name: _____
Last First MI

SSN: _____ - _____ - _____
Required to Create Individual Identifier to ensure non-duplicated participants; SSN is **NOT** kept on file once this number is created!

Birthdate: ___/___/___ Gender: Male Female

Address: _____
Street City State Zip

Home Phone: (____) ____ - _____

Work Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____

Email Address: _____

Name of Course: _____

Beginning Date of Course: ___/___/___

Name of Employer (if employed): _____

Please answer the following questions, which will be used for statistical purposes only. All information given will be considered voluntary and will remain confidential.

Ethnic Group:

- (1) Asian or Pacific Islander
- (2) Black, Non-Hispanic
- (3) Hispanic
- (4) American Indian
- (5) White, Non-Hispanic

What is your primary reason for taking this Community Services/Continuing Education course?

- Maintain licensure
- Improve skills for current job
- Get a better job
- Other _____

To be completed by UAHT:

Course ID: _____ Section: _____ Processed by: _____ Date: ___/___/___

Return to:

P.O. Box 140, Hope, AR 71802-0140

Phone: (870) 722-8162 or (870) 722-8102

Fax: (870) 722-8569