OFFICE OF CONTINUING EDUCATION
NON CREDIT REGISTRATION FORM

Please fill out every item on this form.

Name_________________________________________________________________________

Mailing address________________________________________________________________

City, State & Zip________________________________________________________________

Day phone____________________________  Evening phone____________________________

E-mail address__________________________________________________________________

You may receive email and/or direct mail from Continuing Education.
To opt out check here. ☐

Class_________________________________________________________   Cost___________

Class_________________________________________________________   Cost___________

A fee of $15 will be charged for all returned checks.

Make check or money order payable to the Office of Continuing Education or provide the following credit card information:

Visa #________________________________________________________________________

MasterCard #___________________________________________________________________

Discover #_____________________________________________________________________

American Express #_____________________________________________________________

Expiration date_______________  Name on card____________________________________

Security Code:____________ (3 digit code on back of card or 4 digit code on front of American Express)

Signature________________________________________

Mail to:  Office of Continuing Education
        Wichita State University
        1845 Fairmount
        Wichita, KS  67260-0036

If you have any questions, please contact linda.ambler@wichita.edu or call 316-978-3731.