

North Carolina A&T State University



Course/Program Registration Form

Male Female

Last Name: _____ First Name: _____ Middle: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: Day# _____ Evening# _____ Fax: _____

Employer _____ Email: _____

_____ I would like to register for: _____ Send me more information for:
(\$25 non-refundable deposit required)

Course Title	Days	Fee

Several ways to register: [1] mail the form to: Office of Continuing Studies, NC A&T State University, 1601 East Market Street, Greensboro, NC 27411, or [2] Fax: 336-334-7081; or [3] phone in your registration: 1-888-323-6237 or 336-334-7607 (Monday - Friday 9am - 6pm), or [4] in person at 1020 East Wendover Avenue, Suite 109.

Check (Please make check payable to NC A&T State University) Please Invoice Me

Credit Card: Visa MasterCard American Express

Card #: _____ Expiration Date: _____ VCODE _____

Amount: \$ _____ Cardholder's Name: _____

Signature _____ Date _____

Refund requests must be made in writing to the Office of Continuing Studies no later than five business days prior to beginning of the course. The requestor must complete the Request for Taxpayer Identification and Number (W9 Form). An administrative fee of 25% of total registration fees will be deducted. Minimum administrative fee is \$25. Refund requests received after deadline will not be honored. A substitute may attend the program in your place. If you do not attend the program and do not submit a refund request as stated above, the University will retain all fees.