

**Extended Learning
Continuing & Professional Education**

Non-Credit Classes Registration Form

Name: _____

Address: _____

Daytime Phone Number: _____

E-mail Address: _____

Course Title: _____

How did you hear about the course? Newspaper Flyer Web Ad

Were you ever admitted to WVU as a student? Yes No

PAYMENT INFORMATION:

Visa MasterCard Discover American Express Diner's Club

Credit Card: _____ - _____ - _____ - _____

Expiration Date: _____ - _____ (month – year)

Amount: _____

Signature of Cardholder: _____

MAIL OR FAX REGISTRATION FORM TO:

WVU Extended Learning
Continuing & Professional Education
P.O. Box 6800
Morgantown, WV 26506-6800

Fax Number: 304-293-4233

Questions: Email WVUEnrich@mail.wvu.edu or call 1-800-2Learn2