

C O N T A C T I N F O R M A T I O N

*Required fields are marked with an asterisk**

*Have you taken a class with ExEd before? yes no

*If no, what is your preferred Profile User Name for your student account? _____

*First Name _____ *Last Name _____ Middle Initial _____

*Gender _____ *E-mail _____

Job Title _____ Employer / Firm _____

*Home Address _____ *City _____ *State _____ *Zip _____

*Day Phone _____ Evening Phone _____ Fax _____

Employer Address _____ City _____ State _____ Zip _____

Highest Educational Level Completed _____ Social Security # _____ *Date of Birth ____/____/____
mm dd yyyy

U N I V E R S I T Y A F F I L I A T I O N

*Do you have an affiliation with the University? No Current Employee Current Student Former Employee Former Student

UIN _____ NetID _____ College/Department _____

Which years did you attend/work for the University? _____ Which campus? UIC UIS UIUC

R E G I S T R A T I O N

Course Name	Course Number	Course Dates	Course Fee
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

D I S C O U N T S *

If you have an affiliation with the University of Illinois, you may qualify for a discount based on the course(s)/program(s) for which you are registering.

Please call (312) 355-0423 or e-mail externaledu.uic.edu to determine if you are eligible for a discount. \$(_____)

If you have a special discount code, please enter it here and subtract the value from your course total. \$(_____)

Discount code _____

* Only one discount per person. Offers cannot be combined. All discounts will be verified before processing payment. **Total** \$ _____

P A Y M E N T I N F O R M A T I O N

Check made payable to the "University of Illinois" Illinois Veterans Grant Illinois National Guard UIC Inter-Departmental Voucher

MasterCard Visa Discover American Express Card Number _____ Exp Date ____/____

Name as it appears on card _____

Billing Address: *(must complete if paying by credit card)*

same as home address same as employer address *(must complete employer address above if you check this box)*

Street _____ City _____ State _____ Zip _____

H O W D I D Y O U H E A R A B O U T T H I S P R O G R A M / C O U R S E ?

How did you hear about this program/course (please provide as much detail as possible, you may be contact to clarify your response)?

E-mail - Please Specify _____ Web Listing - Please Specify _____

Internet / Search Engine - Please Specify _____ Word of Mouth - Please Specify _____

Print - Please Specify _____ Other - Please Specify _____