



**CONTINUING EDUCATION CENTER**

334-983-0005

To register for a course using this form - Fill in the information requested, print and mail, along with your check to

Troy University  
Continuing Education Center  
P.O. Box 8368  
Dothan, AL 36304

|                            |            |
|----------------------------|------------|
| <b>For Office Use Only</b> |            |
| Date received              | _____      |
| Pymt. Received             | _____      |
| Confirmed Receipt          | _____      |
|                            | Date _____ |
| Student ID#                | _____      |
| Initials                   | _____      |

Please print or type

|                            |                              |               |
|----------------------------|------------------------------|---------------|
| Name:                      |                              |               |
| Current Address:           |                              |               |
|                            |                              |               |
| City:                      | State:                       | Zip:          |
| Telephone:                 |                              |               |
| Email Address (required):  |                              |               |
|                            |                              |               |
| <b>Course Information</b>  |                              |               |
| 1. Course Title:           |                              |               |
| Course ID (if applicable): |                              |               |
| Course Start Date:         | Course Fee:                  |               |
|                            |                              |               |
| 2. Course Title:           |                              |               |
| Course ID (if applicable): |                              |               |
| Course Start Date:         | Course Fee:                  |               |
|                            |                              |               |
| <b>Payment Information</b> |                              |               |
| 3. Course Title:           |                              |               |
| Course ID (if applicable): |                              |               |
| Course Start Date:         | Course Fee:                  |               |
|                            |                              |               |
| Check enclosed:            | <input type="checkbox"/> Yes | Check number: |
|                            |                              |               |
| Check Amount:              |                              |               |

Fees must accompany registration and must be received at least three business days prior to the start date of a course. The Continuing Education Center will not be held responsible for non-delivery of mail. Registration is not considered complete without payment. For complete information on policies and procedures go to [www.troy.edu/ce](http://www.troy.edu/ce).

Thank you!