



College of Continuing and Professional Education at Kennesaw State University

REGISTRATION FORM

REGISTRATION IS EASY!

On the Web: Register online at ccpe.kennesaw.edu

- **Available 24 hours**
- **Convenient**
- **Secure online payment processing**
- **Priority registration**

By Phone:

Call 470-578-6765 or toll free 1-800-869-1151 and use a credit card.

By Mail:

Mail this form to:
Attn: Registration
College of Continuing and Professional Education at KSU
3333 Busbee Drive, MD #3301
Kennesaw, GA 30144-5591

By Fax:

Complete the form, copy as needed and send with your credit card number or purchase order to 470-578-9085.

In Person:

Come to the Registration window at KSU Center, 3333 Busbee Drive, Kennesaw, GA 30144.

Refund Policy:

- 100% refund for all withdrawals or transfers made three or more business days (Mon - Fri) before the first day of class.
- 80% refund for all withdrawals or transfers made one or two business days (Mon - Fri) before the first day of class.
- 0% refund for all withdrawals or transfers made the day class begins or any time following.
- Exception: for online class refund policies, please check individual course listings at our website, ccpe.kennesaw.edu/register/policies.html

Name _____

Address _____

City _____ State _____ Zip _____

Mobile/Cell Phone _____ Day Phone _____

Evening Phone _____

E-mail Address* _____

*Required for online courses

Male Female Date of birth _____

How Did You Hear About Us?

- Billboard/TV/Radio Brochure/Flyer/Postcard Course Catalog/Newsletter
- Email Employer Google Newspaper/Magazine/Ad Social Media
- Special Event Website Word of Mouth No Answer

*Please enter code from lower left-hand corner of mailing panel: _____

Indicate the courses you are registering for:

1. Course Name: _____

Number: _____ Fee: _____

2. Course Name: _____

Number: _____ Fee: _____

3. Course Name: _____

Number: _____ Fee: _____

Payment Method:

- Check (payable to Kennesaw State University) VISA MasterCard
- Discover American Express Cash (in person only)

Account # _____ Exp. Date _____ CSV Code _____

(on back of card except Amex)

Cardholder's Name _____

Invoice my company • **Copy of purchase order must accompany registration form**

Company Name _____

Contact Person _____

Company Address _____

City _____ State _____ Zip _____

Company Phone _____ Ext. _____

Company Fax _____

Tuition and fees collected are used to pay for both direct and indirect operating expenses for College of Continuing and Professional Education programs.