CEU REGISTRATION

The following information is **REQUIRED** (unless noted as optional) to complete your CEU registration request

**PLEASE PRINT CLEARLY:**

FULL LEGAL NAME: 

Other Names/Nicknames: 

Address: 

(City) (State) (Zip) 

Telephone: (____) ________

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**Required Information:**

Birth Date: 

Received UI CEU credit or taken UI classes before? □ No □ Yes

If Yes, last year enrolled: 

Are you a US Citizen? □ Yes □ No

If No, are you a Permanent Resident? □ Yes □ No

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**Optional Information:**

Gender: □ Male □ Female

Ethnicity:

Are you Hispanic/Latino/Latina or of Spanish origin? □ Yes □ No

Race: □ American Indian/Alaska Native □ Asian □ White □ Black/African American □ Native Hawaiian/Other Pacific Islander

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**CEU Course Information:**

Registration Term: □ Fall □ Spring □ Summer Year: 2009

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course Number</th>
<th>Section</th>
<th>Units</th>
<th>CEU: Sport Servant Leadership (March - May)</th>
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</thead>
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<td>63517</td>
<td>PEP</td>
<td>001</td>
<td>02</td>
<td>3.0</td>
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**Agreement:** By my signature below, I certify that the statements in this registration request are true and complete to the best of my knowledge. The CEU course information will be recorded on a transcript that I may request a copy of, in writing with payment from the University of Idaho Registrar’s Office as I need verification of my continuing education units.

Student’s Signature ___________________________ Date ________________

Payment MUST be included with CEU Registration to be processed

CEU Course Fees: $175.00 □ Check or □ Credit Card: □ Visa □ MC □ Discover ___________________________ Credit Card # ___________________________ Exp. Date ________________

Rev: 9/05/08