



Continuing Education Non-Credit Student Application

Return to: Continuing Education
1115 North Roberts Street
Helena, MT 59601

(406) 444-7378 or 444-6858
Voice/TTY (406) 444-6826

fax: (406) 444-6892
1-800-241-4882

Date of Application: _____

Name: _____
Last First Middle

Address: _____
Box/Street
City State Zip

Phone: (Day) _____ (Evening) _____

Email: _____

Date of Birth: ____/____/____ Emergency Contact: _____
Name Phone

Course#	Course Title	Dates	Times	Fee
01				
2				
3				
4				

_____ Bill my employer; (Please attach letter of authorization) Total \$ _____

Name of Employer: _____

Business Address: _____

Personal Enrichment Professional Development (CEU _____) Customized Training

Method of Payment: Cash Check Credit Card: VISA MC Discover

CREDIT CARD information will be DESTROYED upon completion of the transaction

Card Number:

Expiration Date:

Month - Year

V-Code:

(3 digits on back of card)