



# REGISTRATION FORM

## REGISTRATION IS EASY!

**On the Web:** Register online at [cpe.kennesaw.edu](http://cpe.kennesaw.edu)

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

### By Phone:

Call 470-578-6765 and use a credit card.

### By Mail:

Mail this form to:  
Attn: Registration  
College of Professional Education  
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:
- [cpe.kennesaw.edu/register/policies.html](http://cpe.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?

- Ad  Brochure/Postcard  Course Catalog/Newsletter  
 Email  Employer  Google  News Media  Social Media  
 Website  Word of Mouth  No Answer

### 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 Professional Education programs.*