

Accelerated Certificate Registration Form

*Last Name	*First Name	*MI
Title	Employer/Organization	
Address type: <input type="checkbox"/> Home <input type="checkbox"/> Business		
*Address		
*City	*State	*ZIP
E-mail	Daytime Phone	Evening Phone

Information in the section above is private data. Items marked by an asterisk () are required for identification and to establish your student record. Remaining items are voluntary and are used for positive identification. Failure to provide voluntary information will have no effect on your registration. Information is shared with the registrar's office, your instructor, and other University offices for the purposes of record keeping, affirmative action, and reporting.

Step 1: Check the certificate you want to earn

<input type="checkbox"/> Business Writing (30 hours of courses) – \$1,850	<input type="checkbox"/> Business Process Management (70 hours of courses) – \$4,650
<input type="checkbox"/> Interpersonal Effectiveness (30 hours of courses) – \$1,850	<input type="checkbox"/> Project Management (60 hours of courses) – \$3,500
<input type="checkbox"/> Management (60 hours of courses) – \$3,500	<input type="checkbox"/> Human Resource Generalist (60 hours of courses) – \$3,580
<input type="checkbox"/> Supervision (60 hours of courses) – \$3,500	<input type="checkbox"/> Organization Development (60 hours of courses) – \$3,650
<input type="checkbox"/> Business Analysis (30 hours of courses) – \$1,850	<input type="checkbox"/> Train the Trainer (48 hours of courses) – \$3,650

Step 2: To enroll, choose all courses (required and electives, if applicable) within your certificate program and list them below.

	Course Name	Event ID	Start Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Sub-total: _____ Less 10% discount if applicable: _____ **Total Due:** _____



Accelerated Certificate Registration Form – Continued

COLLEGE OF CONTINUING EDUCATION
UNIVERSITY OF MINNESOTA

*Last Name

*First Name

*MI

Step 3: Payment Method

I have enclosed a check or money order made payable to the University of Minnesota for total on page 1.
(If your check is returned due to insufficient funds or closed account, or because you have made a stop payment request, you will be charged a check handling fee of \$20.)

Please bill my employer or agency. Attached is a letter of authorization or purchase order.

I authorize use of my credit card for the total shown above

Visa MasterCard Discover/Novus American Express

Account Number

Expiration Date

Name

Signature

Step 4: Submit your registration.

(Online registration not currently available for Accelerated Certificates)

By Mail:

University of Minnesota
College of Continuing Education
20 Coffey Hall
1420 Eckles Avenue
St. Paul, MN 55108-6080

By Fax:

612-624-5359

The University of Minnesota shall provide equal access to and opportunity in its programs, facilities, and employment without regard to race, color, creed, religion, national origin, gender, age, marital status, disability, public assistance status, veteran status, sexual orientation, gender identity, or gender expression.

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