

Registration Form

Marquette University College of Professional Studies Certificate Programs and Review Courses

Registrations MUST be accompanied by payment, credit card number or company purchase order to be processed.

Last Name _____ First Name _____ Soc. Security No. _____ - _____ - _____

Course Title	Course Number	Fee
Applicable Discounts: _____% _____%	Discount	
TOTAL		

Please check your preferred mailing address: Home Employer

Please provide both your home and work phone numbers and a current email address.

Home Street Address _____ Apt # _____

City _____ State _____ Zip _____ Phone () _____

Fax () _____ E-mail _____

Employer _____

Position _____ Dept. _____

Employer's Street Address _____ Suite# _____

City _____ State _____ Zip _____ Phone () _____

Fax () _____ E-mail _____

METHOD OF PAYMENT
Check or PO# _____
Make check payable to: Marquette University
Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Credit Card Number: _____ - _____ - _____ - _____
Expiration Date _____ Signature _____
MU Employee Tuition Remission: Attach an Internal Billing Form – found at www.mu.edu/purchasing

Return To:

Marquette University
College of Professional Studies
707 Building, 4th Floor
P.O. Box 1881
Milwaukee, WI 53201-1881

Phone: (414) 288-3153
Fax: (414) 288-3298

E-mail: register@marquette.edu

How did you first learn about the program (s)?
<input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> Co-Worker
<input type="checkbox"/> Newspaper Ad – which _____
<input type="checkbox"/> Radio – which station _____
<input type="checkbox"/> Other _____