UNITED TRIBES TECHNICAL COLLEGE

CEU ADMISSION/REGISTRATION FORM

Date: _____ **Name:** _____
Last *First* *MI* *Former/Maiden (if applicable)*

Date of Birth: _____ / _____ / _____ **Gender:** ☐ **M** ☐ **F**
Month *Day* *Year*

Marital Status: ☐ **Single** ☐ **Married** ☐ **Single Parent**

SECTION A CONTACT INFORMATION

Mailing Address: _____
Street *Apt. #* *City* *State* *Zip Code*

Home Telephone Number: _____ **Work Telephone Number:** _____

Email Address: _____

Tribal Home Agency: _____ **Enrollment #** _____

Ethnicity: **American Indian** ☐ **Non-Native** ☐

SECTION B COURSE/TRAINING INFORMATION

CEU Course/Training Title:

_____

SECTION C SIGNATURE

I have read the above application and answered all questions to the best of my knowledge. Any false information given will be cause for my disqualification for CEUs from UTTC. I agree to abide by the rules and regulations of United Tribes Technical College. I authorize the Distance & Continuing Education Department to solicit information necessary for consideration of qualification for CEUs.

Signature: _____

United Tribes Technical college does not discriminate on the basis of race, color, national origin, sex, religious preference, age, handicap, marital status, political preference, or membership in an employee organization except as allowed by the Indian preference provision of the Civil Rights Act of 1964, as amended.

(Form Revised 1-31-2007)