

# University of Idaho

Office of the Registrar  
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 www.uidaho.edu/registrar

## CEU REGISTRATION

The following information is **REQUIRED** (unless noted as optional) to complete your CEU registration request

**PLEASE PRINT CLEARLY:**

**FULL LEGAL NAME:** \_\_\_\_\_

**Other Names/Nicknames:** \_\_\_\_\_

**Address:** \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

**Required Information:**

**Birth Date:** \_\_\_\_\_

**Received UI CEU credit or taken UI classes before?**  No  Yes

If Yes, last year enrolled: \_\_\_\_\_

**Are you a US Citizen?**  Yes  No

If **No**, are you a Permanent Resident?  Yes  No

**Optional Information:**

**Gender:**  Male  Female

**Ethnicity:**

Are you Hispanic/Latino/Latina or of Spanish origin?  Yes  No

**Race:**  American Indian/Alaska Native  Asian  White  
 Black/African American  Native Hawaiian/Other Pacific Islander

**CEU COURSE INFORMATION:**

**Registration Term:**  Fall  Spring  Summer **Year:** \_\_\_\_\_

CRN	Subject	Course		Units	Title
		Number	Section		
		001			

**Agreement:** By my signature below, I certify that the statements in this registration request are true and complete to the best of my knowledge. The CEU course information will be recorded on a transcript that I may request a copy of, in writing with payment from the University of Idaho Registrar's Office as I need verification of my continuing education units.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Payment MUST be included with CEU Registration to be processed**

CEU Course Fees: \$ \_\_\_\_\_  **Check** or  **Credit Card:**  Visa  MC  Discover  
 (no cash accepted)

\_\_\_\_\_ Credit Card #

\_\_\_\_\_ Exp. Date

\_\_\_\_\_ Verification Code (3 or 4 digits on back)