

FOR OFFICE USE ONLY

☐ PHONE Received _____
☐ MAIL By: _____
☐ IN-PERSON Entered _____
☐ EMAIL By: _____

REGISTRATION FORM

Mail: WSU Community Education, 1845 Fairmount St., Box 136, Wichita, KS 67260-0136 | Email: community.education@wichita.edu

Registrant Information:

Name

Mailing address

City, State & Zip

Phone Number

E-mail address

I am registering for the following classes:

Class

Cost

Class

Cost

Class

Cost

Class

Cost

Class

Cost

Class

Cost

Class

Cost

Class Specific Information:

Day Trips: Do you have any food allergies or dietary requirements?

Great Decisions: ☐ In-person ☐ Online

Great Decisions Online Student Shipping Address (\$8):

Payment Details:

Make check or money order payable to the **Office of Community Education** or provide the following credit card information
(*A fee of \$30 will be charged for all returned checks.)

Card Type: Visa, Mastercard, Discover, American Express

Card Number

Expiration Date

Security Code

Name on the card

Additional Information:

Please check your age bracket:

☐ 18 or under ☐ 19-30 ☐ 31-45 ☐ 46-60 ☐ 61-75 ☐ 75+

Is this your first time taking a WSU community education class?

YES NO

Are you a WSU graduate?

YES NO

Are you currently or have previously been employed at Wichita State University?

YES NO

How did you hear about the WSU Community Education program?

☐ Brochure received in the mail
☐ Brochure received on WSU Campus
☐ Email
☐ Facebook
☐ Friend or Family

Signature

Date