

# Continuing Education Non-Credit Student Application

Return to: Continuing Education  
 1115 North Roberts Street  
 Helena, MT 59601

(406) 444-7378 or 444-6858  
 Voice/TTY (406) 444-6826

fax: (406) 444-6892  
 1-800-241-4882

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Box/Street  
 \_\_\_\_\_  
City State Zip

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Name Phone

Course#	Course Title	Dates	Times	Fee
01				
2				
3				
4				

\_\_\_\_\_ Bill my employer; (Please attach letter of authorization) Total \$ \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Personal Enrichment     Professional Development (CEU \_\_\_\_\_)     Customized Training

**Method of Payment:** Cash  Check  Credit Card: VISA  MC  Discover

\*\*\*CREDIT CARD information will be DESTROYED upon completion of the transaction\*\*\*

**Card Number:**

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**Expiration Date:**

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Month - Year

**V-Code:**

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(3 digits on back of card)