

COURSE REGISTRATION FORM

Please fill out this form completely. | Type or Print clearly. | Timely registration is very important.

Three Easy Ways to Register (choose one):



Online
lpd.umich.edu



Fax
(734) 936-2525



Campus or US Mail
2030 Admin. Services Bldg.
1009 Greene Street
Ann Arbor, MI 48109-1432

Your Information

Legal Name _____ Uniqname _____

Campus Phone _____ Department _____

Campus Address _____ Campus Zip _____

Email Address _____ Job Title _____

Course Information

Course Name	Course Code	Course Date	Course Interest List
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

How did you find out about the course?

- LPD Catalog Supervisor Flyer LPD Website Email U-Record
 Other _____

Required Authorization

If you will attend this course on work time or if your department will pay for the course, you must follow your department's established policies for professional development courses. Because of our cancellation policy, a shortcode is required for free courses.

Authorized Signer's Name _____

Authorized Signer's Phone _____ Shortcode (6 digits) _____

