



UNITED TRIBES TECHNICAL COLLEGE CEU ADMISSION/REGISTRATION FORM

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

Social Security Number _____ - _____ - _____ **Date of Birth** ____/____/____
Month Day Year **Gender:** M F

SECTION A CONTACT INFORMATION

Mailing Address _____
Street Apt. # City State Zip Code

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

Email Address _____

Home Tribal Agency (if applicable) _____ **Enrollment #** _____

SECTION B COURSE/TRAINING INFORMATION

CEU Course/Training Title: _____

SECTION C PAYMENT

All participants to NPTTAP training must complete this form. Payment fee of \$35.00 is waived for NPTTAP workshops/training

SECTION D 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: _____

SECTION E DIRECTIONS FOR SUBMISSION

Submit this application to D&CE Department:

1. Hand in to Conference Registration Table
2. Fax to the UTTC Distance & Continuing Education Department: 701-530-0647 (OR)
3. Mail to: **United Tribes Technical College
Distance & Continuing Education Department
3315 University Dr.
Bismarck, North Dakota 58504**