



UNITED TRIBES
TECHNICAL COLLEGE

Registrar's Office Continuing Education Units

CEU ADMISSION/REGISTRATION FORM

Please make sure that you neatly print your information below to ensure the correct spelling of your name for documents and data purposes. Thank you ~

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

Date of Birth _____ / _____ / _____ Gender: _____ M F
Month Day Year

Marital Status: Single Married Divorced Separated Widowed

SECTION A CONTACT INFORMATION

Mailing Address _____
Street Apt. # City State Zip Code

Home Telephone Number: _____ Work Telephone Number: _____

Email Address _____

Ethnicity: Native American *If yes, are you an enrolled member of a Federally Recognized Tribe:* Y N
 African American Asian/Pacific Islander Caucasian Latino or Hispanic Other: _____

SECTION B COURSE/TRAINING INFORMATION

CEU Course/Training Title: 2020 AY 306-A NLDC Conference, June 23-24, 2020

CEU/s Awarded: 1.6

SECTION C 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 Office of Extended Learning to solicit information necessary for consideration of qualification for CEUs.

Signature: _____

United Tribes Technical College does not discriminate on the basis of race, color, national origin, sex, religious preference, age, handicap, marital status, political preference, or membership in an employee organization except as allowed by the Indian preference provision of the Civil Rights Act of 1964, as amended.