



MSU-Billings Outreach Education Programs Application for Non-Credit Courses

Access & Excellence

Name _____
Last First Middle

Social Security Number _____

E-mail Address _____

Address _____

City _____ State _____ County _____ Zip _____

Permanent or Message Phone () _____

Employer (if employed) _____

Work Phone () _____ Fax _____

I Would Like To Register For The Following Class(es):

Course #/Section	Course Title	Dates	Cost
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Payment Options:

Cash

Personal check enclosed – Please make payable to MSU-Billing College of Professional Studies

Credit Card Visa M/C Discover

Credit Card # _____ Expiration Date _____

Authorized Signature _____

Invoice Registrant

Invoice Employer

Business _____ Supervisor _____

Address _____ Phone _____

**Return this application to: MSU-Billings College of Professional Studies and Lifelong Learning
1500 University Drive • Billings, MT 59101-0298 • Phone (406) 896-5890 or (800) 708-0068 • Fax (406) 254-9787**

----- ✍ Office use only ✍ -----

Received _____
Date Initials

MeetingWare _____
Date Initials

Receipt # _____

A/R Request _____

Certificate Sent _____