

CFT COURSE REGISTRATION FORM

Please know that you also have the option of registering online at www.CFTnow.org.

Name _____

First

MI

Last

Company Name _____

Address _____

City/State/Zip _____

Direct Work Phone # _____

E-Mail Address _____

Home/Cell Phone # _____

COURSE SELECTION #1

Course Type (circle one): Guided Self-Study Instructor-Led Online FlexLearn School/Conference

Course Title _____

Start Date _____ (leave blank for Self-Study and FlexLearn Courses)

COURSE SELECTION #2

Course Type (circle one): Guided Self-Study Instructor-Led Online FlexLearn School/Conference

Course Title _____

Start Date _____ (leave blank for Self-Study and FlexLearn Courses)

STUDENT DISCLOSURES

I acknowledge that I have read the withdrawal policy and academic integrity statement fully understand their meaning. I authorize the Center for Financial Training to release my grades and course progress to the appropriate representative at my company and share educational information with me via e-mail. I understand that if I fail to meet the tuition reimbursement requirements of my company, I will be held personally responsible for tuition and fees to my company and/or CFT, as well as any fees associated with the collection of these balances.

Student Signature _____ Date _____

Authorization _____ Date _____

Payment Options: ___ Bill My Employer ___ Check Enclosed ___ Register Online to pay by Credit Card

Email Completed Forms to: Registration@CFTeducation.org

NONDISCRIMINATORY POLICY

The Center for Financial Training admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, and other school administered programs.