

CFT COURSE REGISTRATION FORM

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

Name _____
First MI Last

Title (required) _____

CompanyName _____

City/State/Zip Direct _____

Work Phone # _____

Email Address _____

Home/Cell Phone # _____

COURSE SELECTION #1

Course Title _____

Start Date _____ (If applicable)

COURSE SELECTION #2

Course Title _____

Start Date _____ (If applicable)

STUDENT DISCLOSURES

I acknowledge that I have read the withdrawal policy and academic integrity statement fully understand their meaning. I authorize 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.

Student signature _____ Date _____

Authorization _____ Date _____

Your institution will be invoiced upon receipt of this registration

Email Completed Forms to: Registration@CFTeducation.org

NONDISCRIMINATORY POLICY

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. CFT 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.