CFT Course Registration Form

STUDENT INFORMATION (please type or print)

Name_____ Last 4 Digits of SS# _____

      First   MI   Last

Company Name   _____
Street Address   _____ (no P.O. Box numbers please)
City/State/Zip   _____
Direct Work Phone #   _____
Work Fax #   _____
E-Mail Address   _____ (required for online courses and course confirmations)
Home/Cell Phone #   _____

YOUR EDUCATIONAL GOAL

Please indicate below which CFT Diploma or Certificate you intend to earn, so that we can ensure that the courses you need to meet the requirements are available when and where you want them.

_____ (please see pages 3-6 for your options)
               (Diploma/Certificate)

COURSE SELECTION #1

Course Type: Classroom   On-line   Guided Self-Study   Seminar   Webinar

Course Title   _____

Start Date   _____ Location   _____
             (if applicable)   (if applicable)

COURSE SELECTION #2

Course Type: Classroom   On-line   Guided Self-Study   Seminar   Webinar

Course Title   _____

Start Date   _____ Location   _____
             (if applicable)   (if applicable)

STUDENT DISCLOSURES

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

Student Signature   _____ Date _____

Authorized By   _____ Date _____

To confirm your registration, please call 800-795-5242 prior to the first night of class.

Payment Options: ___ Bill My Employer   ___ Check Enclosed ($_____)   ___ Credit Card (please call # below)

Please fax or mail to: **CENTER FOR FINANCIAL TRAINING**
                    Attn: Sharon Courtot
                    P.O. Box 969
                    Norwich, CT 06360-0969   Phone: (800) 795-5242 x1177 • FAX: (860) 823-1410