



Community Based Ed & Workforce Development Division

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705 Gurley Ave, Calvin Hall 200
 Gallup, New Mexico 87301
 www.gallup.unm.edu

PARENT/GUARDIAN E-MAIL ADDRESS (IF UNDER 18):			STUDENT EMAIL:		
STUDENT FIRST NAME	MI:	LAST NAME:	STUDENT BIRTH DATE:		
PARENT/GUARDIAN NAME (IF UNDER 18 YEARS OF AGE):			<input type="checkbox"/> FALL 20__ <input type="checkbox"/> SPRING 20____ <input type="checkbox"/> SUMMER 20__		
MAILING ADDRESS:			HOME PHONE #:	CELL PHONE #:	
_____ _____ CITY STATE ZIP			EMERGENCY CONTACT PERSON & PHONE #:		

I WISH TO REGISTER FOR THE COURSES LISTED BELOW AND ACCEPT ALL FINANCIAL

COURSE #:	SECTION #:	COURSE TITLE AND INFORMATION	COURSE FEE
TOTAL FEE:			

- I accept full responsibility for any fees accrued for registration of classes offered through Community Based Ed & Workforce Division (Personal Enrichment courses, workforce training courses, community education courses, etc.). **NO REFUNDS**
- Yes, I give permission for the use of photographic portraits or pictures of student or artistic work in which may be included intact or in part, composite or distorted in character or form.
Please fill out a Model Release Form.
- No, I do not give permission for the use of photographic portraits or pictures of student or artistic work in which may be included intact or in part, composite or distorted in character or form.

Student Signature *Date*

Parent/Guardian (if under 18 years) Signature *Date*