



## COURSE ENROLLMENT FORM

*All Information below is required*

Date: \_\_\_\_\_ Test Type: \_\_\_\_\_

Course #/Location: \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's email (required for enrollment) \_\_\_\_\_

High School \_\_\_\_\_ Grad Year \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_



### Payment Information

Amount \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address \_\_\_\_\_