UAM Community Education Registration Form

Student's Nam	e:		Birth Year:
Parent or guardian (if student is a minor):			
Address:	ess: City: State:		te:Zip:
Email address:	s: Phone: Alter		ernate Phone:
How did you hear about this course?			
Title of Course	:	Dates	Fee
		Tot	al: \$
Cash Check (make payable to UAM) Credit Card (If paying by credit card, please call the Cashiers Office at 870-460-1043.) Is payment being made by an employer or other third party? Yes No If so, please specify. Four Convenient Ways to Register:			
IN PERSON	Stop by our office in Suite 104 of the Administration Building. Our office hours are Monday through Friday from 8:00 am – 4:30 pm. The office is closed on school holidays.		
MAIL	Complete the registration form and mail with payment to: University of Arkansas at Monticello Department of Community Education P. O. Box 3520 Monticello, AR 71656		
FAX	Complete the registration form and fax to: 870-460-1324. Then, call the cashiers office at 870-460-1043 to make credit or debit card payments.		
PHONE	If paying by credit card, call 870-460-1043.		

Do you have an idea for a class? We would love to hear from you. We are always looking for new course ideas and enthusiastic instructors. To get started, contact Memorie Dickson at 870-460-1327 or email her at dickson@uamont.edu.