



STAFFORD CAMPUS

## CENTER FOR PROFESSIONAL DEVELOPMENT REGISTRATION FORM

<b>Name*</b>				<b>Date</b>	
	<b>Last</b>	<b>First</b>	<b>MI</b>		

<b>Mailing Address*</b>					
	<b>Street</b>				
	<b>City</b>	<b>ST</b>		<b>Zip</b>	

<b>Employer</b>		<b>Day Phone</b>	
<b>Email</b>		<b>Night Phone</b>	

If your name or mailing address is different from previous registrations, a completed Address/Name Change Form must be submitted before your record can be updated in the UMW Registrar's database. Download the form at <http://www.umw.edu/registrar/docs/address0910.pdf> or call 540/286-8000 to request the form by fax.

START DATE	NAME OF COURSE and Location	COST

**REQUIRED BIOGRAPHIC INFORMATION:**

<b>DATE OF BIRTH</b>											
	MONTH	DAY	YEAR		<b>GENDER</b>	<input type="checkbox"/>	<input type="checkbox"/>				
						MALE	FEMALE				
<b>CITIZENSHIP</b>											

<b>PRIOR ATTENDANCE</b>	ARE YOU A CURRENT OR FORMER UMW STUDENT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
-------------------------	--	------------------------------	-----------------------------	--

<b>If Yes, list all dates of attendance</b>	
---	--

<b>UMW BANNER ID NUMBER (IF KNOWN)</b>	
--	--

<b>DEMOGRAPHIC INFORMATION</b>	PROVIDING DEMOGRAPHIC INFORMATION IS OPTIONAL. YOUR RESPONSES WILL NOT BE USED IN A DISCRIMINATORY MANNER AND YOUR COOPERATION WILL BE APPRECIATED.		
<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	<input type="checkbox"/> BLACK/AFRICAN AMERICAN	<input type="checkbox"/> WHITE (NON-HISPANIC)	
<input type="checkbox"/> ASIAN OR PACIFIC ISLANDER	<input type="checkbox"/> HISPANIC	<input type="checkbox"/> MULTI-RACIAL	

<p><b>REGISTRATION AND PAYMENT</b></p> <p>KEVIN CAFFREY UMW Stafford Campus <a href="mailto:kcaffrey@UMW.EDU">kcaffrey@UMW.EDU</a> Ph: 540/286-8000 Fax: 540/286-8005</p> <p><b>Checks: Payable to UMW</b> UMW Stafford Campus Attn: Vicki Sullivan 121 University Boulevard Fredericksburg, VA 22406</p>	<p><b>CREDIT CARD PAYMENT</b></p> <p>You will receive an email confirmation once you have been registered, which will include your STUDENT ID# and instructions for making a credit card payment online. Full payment prior to the class start date is required.</p> <p>Student ID # _____</p>	<p><b>PROGRAM QUESTIONS</b></p> <p>Mark J. Safferstone, Ph.D. Professional Development Programs EMAIL: <a href="mailto:MSAFFERS@UMW.EDU">MSAFFERS@UMW.EDU</a> PHONE: 540/286-8013 FAX: 540/286-8110</p> <p><b>FINANCIAL AID QUESTIONS</b></p> <p>DEBRA HARBER ASSOCIATE DEAN OF FINANCIAL AID UMW OFFICE OF FINANCIAL AID <a href="mailto:DHARBER@UMW.EDU">DHARBER@UMW.EDU</a> PHONE: 540/654-2468</p>
---	--	--