

Course/Training Registration Form

<p>Instructions for Mail-in Registration: Complete Sections 1-2 of this form and mail to:</p> <p>Office of Testing Services, Adult and Continuing Education & Technology and Training Center Delaware State University Thomasson Building, Suite 202 1200 N. DuPont Highway Dover DE, 19901-2277</p>	<p style="text-align: center;">Instruction for Online Registration: Complete Sections 1-2 of this form and email to:</p> <p style="text-align: center;">ace@desu.edu</p>	<p>Instructions for On-Site Registration: Come to the following address to register:</p> <p>Office of Testing Services, Adult and Continuing Education & Technology and Training Center Delaware State University Thomasson Building, Suite 202 1200 N. DuPont Highway Dover DE, 19901-2277</p>
<p>For registration to be processed, a mandatory, non-refundable registration fee of \$35.00 MUST be paid.</p>		
<p>Include your check or money order made payable to:</p> <p>Delaware State University Adult & Continuing Ed Memo: (i.e. TSP, ACE, TTC, etc.)</p>	<p style="text-align: center;">Go to the link below: https://www2.registerblast.com/desu/Checkin/Register</p> <p style="text-align: center;">Click on the Link Labeled: Testing Services & Adult and Continuing Education Course Registration</p> <p style="text-align: center;">Proceed through the following link, fill out the form, and submit. Email ace@desu.edu once submission has been made.</p>	<p style="text-align: center;">Payment will be taken upon registration on-site Payment accepted via credit card</p>

PLEASE PRINT LEGIBLY (DO NOT WRITE IN CURSIVE). USE DATES AS NEEDED. FILL ALL FIELDS COMPLETELY.
 * indicates required field. ASAP is not an acceptable answer.

SECTION I – PERSONAL DATA			
*FIRST NAME:	*MIDDLE INITIAL:	*LAST NAME:	
*ADDRESS/P.O.BOX:			
*CITY:	*STATE:	*ZIP CODE:	
*LAST FOUR OF SOCIAL SECURITY # OR SOCIAL INSURANCE #:		*DATE OF BIRTH:	
*ETHNICITY:	GENDER:		
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
*EMAIL ADDRESS:	PHONE NUMBER:		
*OCCUPATION:	*JOB TITLE:		
*EMPLOYMENT STATE DATE	*EDUCATIONAL ATTAINMENT	*WORKFLOW STATUS	
IF YOU ARE A DSU ALUMNI, STUDENT, STAFF MEMBER OR FACULTY, PLEASE PROVIDE YOUR D#:			
SECTION II – COURSE/TRAINING REGISTRATION			
*NAME OF COURSE/TRAINING:			
*START DATE OF COURSE/TRAINING?	*END DATE OF COURSE/TRAINING?	*WHEN WOULD YOU LIKE TO START COURSE/TRAINING?	
*TYPE OF COURSE/TRAINING:			
<input type="checkbox"/> Face to Face <input type="checkbox"/> Hybrid <input type="checkbox"/> Online			
*COURSE/TRAINING OFFERED:			
<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends			
*WHY ARE YOU CHOOSING TO TAKE THIS COURSE/TRAINING? (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Employability <input type="checkbox"/> Upskilling <input type="checkbox"/> Promotional/Professional Development <input type="checkbox"/> New Job Training <input type="checkbox"/> Career Transition <input type="checkbox"/> Personal Enrichment			

PARTICIPANT'S SIGNATURE

DATE