



Lifelong Learning | 3 University Way, Ste. 3 | Brattleboro, VT 05301
 (802) 257-9411 X8907 or X8901 | Fax (802)-257-8923

Using the Enneagram in Psychological Assessment and Practice

Lifelong Learning Enrollment Form

To Register:

Please ensure that all the information is provided, review our cancellation policy, complete this enrollment form and indicate method of payment. Fax (802- 257-8923) or mail the enrollment form to Union Institute & University, Lifelong Learning, 3 University Way, Brattleboro, VT 05301.

All the information MUST be provided for you to be registered:

Date:		Professional License # (required for CE learners):						
Student Name (please Print):		Student Signature:						
email:		SS# (required):						
Mailing Address:		Work Number:				Home Number:		
Highest degree obtained:	High school <input type="checkbox"/>	Associate: <input type="checkbox"/>	Bachelor: <input type="checkbox"/>	Master: <input type="checkbox"/>	CAGS <input type="checkbox"/>	Doctorate <input type="checkbox"/>		
Check here if you have been accepted into or are you currently enrolled in a UI&U degree program <input type="checkbox"/>								
Check here if you are planning on applying in a UI&U degree program <input type="checkbox"/>								
Date started or applied for: Year			Term					
UI&U Degree Program:	BA: <input type="checkbox"/>	BS: <input type="checkbox"/>	Med: <input type="checkbox"/>	MA Psych <input type="checkbox"/>	MA: <input type="checkbox"/>	EdD: <input type="checkbox"/>	PhD: <input type="checkbox"/>	PsyD: <input type="checkbox"/>
UI&U Degree Program Location:	BRTL: <input type="checkbox"/>	CNCT: <input type="checkbox"/>	LA: <input type="checkbox"/>	MNTPL: <input type="checkbox"/>	MIAMI: <input type="checkbox"/>	SCRMNTO: <input type="checkbox"/>	ONLINE: <input type="checkbox"/>	
Payment is required to reserve a space. Please choose the following method of payment:								
<input type="checkbox"/> A check in the amount of tuition made payable to <i>Union Institute & University</i> & sent to: Union Institute & University, Lifelong Learning, 3 University Way, Brattleboro, VT, 05301								
<input type="checkbox"/> Credit Card: Please attach credit card authorization form								

I WISH TO ENROLL IN THE FOLLOWING COURSE:

Month/Year Starting:	Title: ENE 101 Using the Enneagram in Psychological Assessment and Practice					
	Instructors: Helen Palmer, MA & Marlene Cresci-Cohen, Ph.D.					
	Location: Online					
	Credits: 15 CE				Total Due: \$350.00	

Transfer of Credit – As with most other colleges and universities in the United States, credits earned are transferable only at the discretion of the receiving school. (Pursuant to Vermont Statutes Annotated, Title XVI, Statute 176, Sec. 1(c)(1)(C).)

Cancellation/Drop Policy: In order for us to provide the most experienced instructors and superior learning environment, we must ask that you adhere to our cancellation policy. All tuition and fees are payable before your course begins, and *no refunds* are available AFTER the course begins. If you are unable to participate in a course and you cancel your enrollment BEFORE the course begins, the tuition minus the registration fee will be refunded. We reserve the right to reschedule a class should circumstances make it necessary. In this unlikely event, full payment may be applied to the next regularly scheduled course offering.

I understand that successful completion of this course does not guarantee acceptance by credentialing organizations and/or licensing boards. I also understand that it is my responsibility alone to ensure that this course meets my professional and/or personal objectives.

I have read and acknowledge the above Transfer of Credit and Cancellation Policy:

Your Signature

Date

For Office Use Only:	Received _____	Entered _____	Paid _____	Sent _____
	ID# _____	Year _____	Term _____	