

LESN—ONLINE

PROFESSIONAL CONTINUING EDUCATION REGISTRATION FORM

Please fill out the form below and mail or fax it to the Lehigh University Office of Distance Education. You will receive confirmation and access information within one week (M-F) after form is received.

Name _____ S.S. No. _____

Address _____
Street Address City State Zip

Telephone _____ Email _____

REGISTER ME AS A PROFESSIONAL CONTINUING EDUCATION STUDENT IN THE FOLLOWING COURSE(S) OR MODULE(S):

Course/Module Number	Title	Cost
		TOTAL COST:

PAYMENT: _____ Personal or corporate check (made payable to Lehigh University) enclosed
 _____ Corporate purchase order enclosed. P.O. # _____
 _____ Personal or corporate credit card

_____ VISA _____ MasterCard _____ American Express

CREDIT CARD No. _____ Exp. Date _____

YOUR SIGNATURE ON THIS FORM INDICATES THAT YOU HAVE READ AND UNDERSTOOD THE FOLLOWING CONDITIONS. Note: Participation in professional continuing education Business courses requires registrants to possess an undergraduate degree. A copy of the undergraduate transcript must be submitted along with the professional continuing education registration form.

PROFESSIONAL CONTINUING EDUCATION REGISTRANTS:

- * Are not matriculated at Lehigh University
- * May not submit work for evaluation by the instructor
- * Do not receive Lehigh University credits in any form

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- * Do not generate a Lehigh University transcript
- * Will receive a Certificate of Completion when all lectures have been viewed (to be confirmed by access tracking)

Signature _____ Date _____

Send this form to:
 Office of Distance Education
 Lehigh University
 436 Brodhead Ave.
 Bethlehem, PA 18015
 Or fax it to: 610-758-4190