



Registrations are accepted on a first-paid, first-served basis. Non-credit courses must be paid in full at time of registration. Early registration is recommended as most courses have limited enrollment and reach capacity quickly. Students will receive confirmation of payment, course details and a parking permit approximately one week prior to the start of each class.

**REGISTRATION OPTIONS:**

- **MAIL:** Please mail the registration form with payment in full by check to the Office of Continuing and Professional Studies, Philadelphia University, 4201 Henry Avenue, Philadelphia, PA 19144.  
*Checks should be made payable to Philadelphia University.*
- **PHONE:** Please call us at 215.951.2900 if you would like to register with a credit card.
- **IN-PERSON:** Please visit the Office of Continuing & Professional Studies in the Tuttleman Center, Room 102, Monday through Thursday between 9 a.m. and 7:00 p.m. and Friday between 9 a.m. and 4:30 p.m.

**REFUND POLICY** - In the event a course is cancelled by the University, every attempt will be made to enroll you in another course or a full refund will be issued. Any cancellations made by the student must be made at least five business days before the start of class or a refund will not be granted. Please note that if you register for a course, and you do not attend, you are still responsible for the payment.  
**BY COMPLETION OF THIS FORM, I ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL COURSES.**

LAST NAME	FIRST	MIDDLE
SOCIAL SECURITY NUMBER	DATE OF BIRTH	MONTH DAY 1 9

HOME ADDRESS	CITY	STATE	ZIP
HOME PHONE:	WORK/CELL PHONE	EMAIL ADDRESS	

Male  
  Female  
  African American  
  Spanish/Hispanic/Latino  
  White  
  Asian/Pacific Islander

**COURSE SELECTIONS**

Course Number	Course Title	Course Fee

Total Amount \_\_\_\_\_ METHOD OF PAYMENT:  Personal Check  Company Check  Money Order  Visa  MasterCard  Discover  American Express

Credit Card # \_\_\_\_\_ 3-4 digit security code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Signature \_\_\_\_\_

Is your employer paying for this course?  YES  NO (Full payment is due before the start of class)

Please invoice my company:

Name of company \_\_\_\_\_ Attn: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

How did you hear about us:  Received Mailing  Brochure  Website  Family/Friend  Other \_\_\_\_\_