



Continuing Education Non-Degree Student Application

Return to: Continuing Education
1115 North Roberts Street
Helena, MT 59601

(406) 447-6945 or 447-6946

fax: (406) 447-6397

Date of Application: _____

Name: _____
First Middle (optional) Last

Address: _____
Box/Street
City State Zip

Phone: (Day) _____ (Evening) _____

Email: _____

Date of Birth: ____/____/____ Trio Personnel: _____
Position Employer

Course Title	Dates	Times	Tuition
Art of the Narrative Workshop (Trio Personnel)	June 23, 24, 25	10am – 3pm	WAIVED
Art of the Narrative Workshop (NON-Trio)	June 23, 24, 25	10am – 3pm	\$129
Optional – OPI Renewal Unit Certificate			\$10

Total \$ _____

Method of Payment:

Check ☐ Please note the UM and affiliates require a "Substitute W-9 Form" in order to process refunds for payments made by check. The "Substitute W-9" form requires the participant's Social Security Number and processing of refunds requires 5-7 business days.

Credit Card: Refunds may be credited back to the same card within 2-3 business days.

VISA ☐ MC ☐ Discover ☐

CREDIT CARD information is DESTROYED upon completion of transaction, therefore it must be provided again in order to process a refund

Card Number:

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Expiration Date:

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Month - Year

V-Code:

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(3 digits on back of card)

Billing Zip:

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