UNIVERSITY AT BUFFALO
DIVISION OF CONTINUING AND PROFESSIONAL STUDIES
MILLARD FILLMORE COLLEGE
PROFESSIONAL DEVELOPMENT PROGRAMS

COURSE REGISTRATION FORM

(***This PDF document contains interactive fields***)

1. Personal Information ○ Dr. ○ Mr. ○ Mrs. ○ Ms.

First Name:	MI: Last Name:	
Mailing Address:	City/Town:	
State/Prov:	Zip/Postal Code:	Country:

2. Contact and Employer Information

Day Phone:	Evening Phone:	
Employer:	Job Title:	
Employer Address:	City/Town:	
State/Prov:	Zip/Postal Code:	Country:
Your Preferred Email Address:	@	

3. Method of Payment (check one)

○ Check enclosed: (Payable to the University at Buffalo Foundation)
○ Tuition Assistance Program voucher from Employer/Union/Federal or State Agency.
○ Credit card payment (provide information below)

Charge to: ○ VISA ○ MasterCard

Credit Card Number:	Exp. Date:
Cardholder Name:	
Billing Address:	
Cardholder Signature:	

○ Check here if you are not the cardholder AND you have permission to use this card for payment.

4. Course Registration(s)

Course Title:	Fee:
Human Resources Assistant	$ 550.00
Total Enclosed	$ 550.00

5. Signature and Submit Form

I authorize the University at Buffalo to process my registration for course(s) listed on this registration form. I understand that once a course is accessed either by requesting materials or viewing lessons, there are no refunds.

Signature **Date**

PLEASE MAIL OR FAX COMPLETED FORM TO:

University at Buffalo
Millard Fillmore College
3435 Main Street
Buffalo, NY 14214-3007
FAX: (716) 829-2475

We respect your privacy. Information collected on this form will be treated confidentially and in accordance with The University at Buffalo's Privacy Policy.

Clear Form Print Form