

705 Gurley Ave, Calvin Hall 200
 Gallup, New Mexico 87301
 www.gallup.unm.edu

NAME	MI:	LASTNAME:	STUDENT BIRTH DATE:	
PARENT/GUARDIAN NAME (IF UNDER 18 YEARS OF AGE):			%FALL 20__%SPRING20__%SUMMER20__	
MAILING ADDRESS:			HOME PHONE #:	CELL PHONE #:
_____ _____ CITY STATE ZIP			EMERGENCY CONTACT PERSON & PHONE #:	

I WISH TO REGISTER FOR THE COURSES LISTED BELOW AND ACCEPT ALL FINANCIAL

COURSE#	SECTION#	COURSE TITLE AND INFORMATION	COURSE FEE
TOTAL FEE			

^ I accept full responsibility for any fees accrued for registration of classes offered through Community Based Ed & Workforce Division (Personal Enrichment courses, workforce training courses, community education courses, etc.). **NOREFUNDS**

% Yes, 2ma (p) 10.6 [(2r92 Tm 1Tc -0.38 508.68)6 25a156 [(2r1.146rE6 (ng)654.602 Tw 10.02 -06 (ng)654.6(0 9 32

Student Signature

Date

 (under 18 years) Signature