Community Education  
Non-Credit Registration Form

All data are for office and statistical purposes only. Your Social Security number is used only for identification in our computerized registration procedures.

Please TYPE or PRINT. You may register for as many classes as you wish. If you are registering more than one child, please list students’ names and ages.

Parent/Guardian Name___________________________________ Parent/Guardian Social Security No.:_______________________

Address_____________________________________________________________________________________________________

City____________________________________________________________State_____________Zip________________________

Telephone (daytime) _____________________________________ Telephone (evening) ___________________________________

Fax number __________________________________________ E-mail address___________________________________________

Student’s Name______________________________ Age _____ Course No.: _________ Course Title ______________ Fee $_______

Student’s Name______________________________ Age _____ Course No.: _________ Course Title ______________ Fee $_______

Student’s Name______________________________ Age _____ Course No.: _________ Course Title ______________ Fee $_______

Student’s Name______________________________ Age _____ Course No.: _________ Course Title ______________ Fee $_______

Student’s Name______________________________ Age _____ Course No.: _________ Course Title ______________ Fee $_______

Student’s Name______________________________ Age _____ Course No.: _________ Course Title ______________ Fee $_______

Student’s Name______________________________ Age _____ Course No.: _________ Course Title ______________ Fee $_______

Total:     $______________

Make checks payable to:  UNM-Valencia Campus                                               Cash [  ]      Check [  ]      Credit [  ]

Community Education  
280 La Entrada  
Los Lunas, NM 87031

Cash or phone in your registration form with credit card information to: 925-8972 (fax)/925-8970 (phone)

Please complete the following if paying by charge card:

[ ] MasterCard  [ ] VISA    Card Number: __________________________

Expiration Date: _____/_____/______    Authorized Signature: ______________________________________________________

Issuing Bank: __________________________________________________________

Have you ever taken a course at UNM-Valencia before? ______________ If yes, what did you take?

________________________________________________________________________________________________

If you have any suggestions for new Community Education programs, please print them below.