

N.I.C.E. PART-TIME STUDY REGISTRATION/PAYMENT FORM

Use this application to register for non-credit NICE Electives, NICE Interim, and NICE at Night classes. (Please submit with your payment upon registration.)



UNIVERSITY
of HAWAII
MĀNOA

Outreach College
**New Intensive
Courses in English**

Mail to: Outreach College, University of Hawai'i at Mānoa, 2440 Campus Road, Box 447, Honolulu, HI 96822; or drop off at Outreach College Student Services Office, 2500 Dole Street, Krauss Hall Information Window, Room 101, M-F, 8:00am–5:30pm. If paying by credit card, call (808) 956-8400, or fax to (808) 956-3752. Duplicate form as needed.

LAST OR FAMILY NAME, FIRST NAME, MIDDLE INITIAL _____

Female

MAILING ADDRESS, CITY, STATE, ZIP CODE _____

Male

Check here if your address or phone number has changed since you last registered.

Phone: _____

HOME _____

CELL _____

FAX _____

EMAIL ADDRESS _____

Firm/Affiliation: _____

How did you learn about the course(s) you are registering for?

Outreach College Publication

Newspaper Ad

Internet

Friends/Relative

NICE Flyer/Brochure

NICE Staff/Teachers

Other _____

Billing Address: _____

Country of Birth (optional, for statistical purposes only): _____

Course Reference Number Course Title (and Section if applicable)

Fee

(OFFICE USE ONLY) RECEIPT #

Course Reference Number	Course Title (and Section if applicable)	Fee	(OFFICE USE ONLY) RECEIPT #
		\$	
		\$	
		\$	
TOTAL		\$	

PAYMENT METHOD:

Check or Money Order (*Payable to the University of Hawai'i*) Purchase Order No. _____ (P.O. MUST BE INCLUDED)

VISA MasterCard Credit Card No.: _____ Exp. Date (Mo/Yr): _____ CW2 Code*: _____

NAME OF CARDHOLDER (PRINT) _____

SIGNATURE OF CARDHOLDER _____



*CW2 code is last 3-digit number on the signature panel.

CARDHOLDER'S BILLING ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

CARDHOLDER'S RESIDENCE TELEPHONE _____

CARDHOLDER'S EMAIL ADDRESS _____

FOR OFFICE
USE ONLY:

REGISTRATION # _____

INPUT BY _____