

Office Use Only

TODAY'S DATE _____

Washburn Institute of Technology

5724 SW Huntoon St. / Topeka, KS 66604-2199 / 785.228.6392

Training schedule website www.washburntech.edu/main/continuing-education/schedule-of-courses.html

Continuing Education Application/Pre-Enrollment

Course Name: _____ Course Date: _____ Date of Birth: _____

Name: (print) _____ SSN #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate (2nd) Phone #: _____

e-mail: _____

Employer: _____ Employer Phone: _____

The following information is voluntary, confidential and is needed for state and federal reports. Please check the selections below that best apply.

What is your ethnicity?

- ____ Hispanic or Latino
- ____ Not Hispanic or Latino
- ____ I prefer not to provide this information

What is your Race? (Select one or more)

- ____ American Indian or Alaska Native
- ____ Asian
- ____ Black or African American
- ____ Native Hawaiian or Other Pacific Islander
- ____ White
- ____ I prefer not to provide this information

Gender: Male ____ Female ____

I give my consent that pictures may be taken of me and may be used by Washburn Tech for promotional purposes, and these pictures may be used in printed form, on television, or on the World Wide Web. **Yes** ____ **No** ____

It is the policy of Washburn Institute of Technology to assure equal opportunity and nondiscrimination in all admission, attendance, and employment matters to all qualified persons without regard to race, color, religion, sex, age, marital status, national origin, ancestry, veteran status, sexual orientation, gender identity, disability, or other factors prohibited by law.

Contact information: Carol Vogel, Director of Equal Opportunity, 785.670.1714

Make Checks Payable to: **Washburn Tech**
Mailing Address: Continuing Education, 5724 SW Huntoon Street, Topeka, KS 66604

Payment Method: Cash ____ Check ____ Visa ____ MasterCard ____ Payment by employer ____

Sponsoring Agency (Name) _____ **(Must bring verification from employer or sponsoring agency on letterhead at enrollment)**

Credit Card #: _____ Expiration Date: _____

Security Code: _____ (3-digits on back of card following card number)

Date: _____ Signature: _____

Refund Policy: Continuing Education at Washburn Institute of Technology is supported by tuition fees. Therefore, there will be **no refunds on tuition within 10 work days of the start of a course.**