

**WIB/CFT COURSE REGISTRATION FORM**



**STUDENT INFORMATION** (please type or print)

Name \_\_\_\_\_ Last 4 Digits of SS# \_\_\_\_\_  
First MI Last

Company Name \_\_\_\_\_  
Co. Street Address \_\_\_\_\_ (No P.O. Box numbers please)  
City/State/Zip \_\_\_\_\_  
Direct Work Phone # \_\_\_\_\_  
Work Fax # \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ (required for online courses and course confirmations)  
Home/Cell Phone # \_\_\_\_\_

**YOUR EDUCATIONAL GOAL**

Please indicate below which CFT Diploma or Certificate you intend to earn, so that we can ensure that the courses you need to meet the requirements are available when and where you want them.

\_\_\_\_\_ (please see pages 2-5 for your options)  
(Diploma/Certificate)

**COURSE SELECTION #1**

Course Type: Evening Course Guided Self-Study On-line Webinar Seminar/PC Self-Paced Online

Course Title \_\_\_\_\_  
Course No. \_\_\_\_\_ Section No. \_\_\_\_\_  
Start Date \_\_\_\_\_ Location \_\_\_\_\_  
(if applicable) (if applicable)

**COURSE SELECTION #2**

Course Type: Evening Course Guided Self-Study On-line Webinar Seminar/PC Self-Paced Online

Course Title \_\_\_\_\_  
Course No. \_\_\_\_\_ Section No. \_\_\_\_\_  
Start Date \_\_\_\_\_ Location \_\_\_\_\_  
(if applicable) (if applicable)

**STUDENT DISCLOSURES**

I hereby agree that I have read the withdrawal policy and academic integrity statement in this schedule, and fully understand their meaning. I authorize the Center for Financial Training to release my grades and course progress to the appropriate representative at my financial institution and share educational information with me via e-mail. I understand that if I fail to meet the tuition reimbursement requirements of my financial institution, I will be held personally responsible for tuition and fees to my financial institution and/or CFT, as well as any fees associated with the collection of these balances.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized By \_\_\_\_\_ Date \_\_\_\_\_

**To confirm your registration, please call 800-795-5242 prior to the first night of class.**

Payment Options: \_\_\_ Bill My Employer \_\_\_ Check Enclosed (\$\_\_\_\_\_) \_\_\_ Credit Card (please call # below)

Please fax or mail to: **CENTER FOR FINANCIAL TRAINING**  
Attn: Sharon Courtot  
P.O. Box 969  
Norwich, CT 06360-0969 Phone: (800) 795-5242 x1177 • FAX: (860) 823-1410