

COMMUNIVERSITY



REGISTRATION FORM

Name: First _____ Last _____

Title _____ Birth Year (for assessment purposes only) _____

Mailing Address _____ City _____ State _____ ZIP Code _____

(_____) _____
Phone Number _____ Email Address (Confirmation will be sent to this email address) _____

COMMUNIVERSITY CLASS

Class Title _____

Date(s) of Class _____

Time of Class _____

Fee (plus materials if applicable) _____

Senior discount (10%) (55 plus and class must be **\$30** or more) Ole Miss student discount 10% (must provide student ID number)

Payroll Deduction Yes No Emp ID: _____ over 2 paychecks over 4 paychecks over 6 paychecks
(Ole Miss Employee Only — amount must be \$60 or more)

Notes/Special Accommodations _____

HOW TO REGISTER



Mail Registration Form to:
The University of Mississippi
Office of Professional Development
and Lifelong Learning
Jackson Avenue Center, Suite L
P.O. Box 1848
University, MS 38677-1848



Walk-In Registration:
8:30 a.m. – 4:30 p.m. (M-F)
Jackson Avenue Center, Room L06
University, MS 38677



Fax Registration Form to:
Attn: PDLL Office
(662) 915-5138

**Email Registration Form
to:** pdll@olemiss.edu



Phone-In Registration:
8:30 a.m. – 4:30 p.m. (M-F)
(662) 915-2666



Make All Checks Payable to:
The University of Mississippi
VISA or MasterCard Accepted



Register Online:
[www.outreach.olemiss.edu/
communiversity](http://www.outreach.olemiss.edu/communiversity)