

Small Business Management Certificate Program Enrollment Form



Please print or type

Male Female

Name _____ Birthdate _____

Street Address _____

City _____ Zip _____

Home Phone _____ Daytime Phone _____

e-mail _____ FAX _____

I have not yet taken Small Business or related courses through NMC Extended Educational Services.

I have taken the following Small Business or related courses through NMC Extended Educational Services. Provide as much detail as you are able.

Courses taken	Date completed	Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please enroll me in the Small Business Management Certificate Program.

Signature _____ Date _____

Mail form to: NMC Extended Education
1701 East Front Street
Traverse City, MI 49686-3061

Bring form to: NMC University Center - Suite 102
off Cass Road (between 14th Street and South Airport Road)

Internal Use Only:

Date enrolled _____