



## Master's Certificate Program Enrollment Form

"Take the Next Step In Your Professional Development!"

### Contact Information

Dr.  Mr.  Ms.  Mrs.

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last \_\_\_\_\_

Business: \_\_\_\_\_ (If applicable)

Address: \_\_\_\_\_ (include suite, apt. or office #)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Main Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

How would you like your name to appear on your certificate? \_\_\_\_\_

### Program Information

1. Indicate the *Master's Certificate of Professional Development* Program you're requesting to enroll in?

- Strategic Human Resources Management (SHRM)  Supervisory and Management Development (SMD)
- Management and Organization Development (MOD)

2. Indicate your purpose for enrolling in our Master's Certificate Program? (select all that apply)

- Personal Enrichment  Continuing Education  CEU Credit  Professional Development  Skill Development
- Other: \_\_\_\_\_

3. What is your current profession? \_\_\_\_\_

4. How did you hear about the Corporate University's Master's Certificate Program?

- Referral  Direct Mail  Internet  Brochure  Word of Mouth  Flyer  Other: \_\_\_\_\_

### Enrollment Fee

The Corporate University requires a modest one-time, non-refundable enrollment fee of **\$25**. Your enrollment fee covers some essential administrative costs, but most importantly, it provides you a **Master's Certificate Program Binder** which is designed to maintain all your course materials for easy reference. Please attach a check payable to the Corporate University.

### Acknowledgement

I acknowledge that I have read and agree to the Corporate University's Terms and Conditions of Enrollment (reference Course Catalog). I further acknowledge that I will practice the utmost in honesty and integrity in all aspects of my professional development work in pursuit of my Master's Certificate of Professional Development.

(x) \_\_\_\_\_  
Enrollee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail To:** Corporate University  
5637 N. Figarden Drive, Ste. 101, Fresno, CA 93722

**Fax To:** 559.251.0234      **Email:** [enroll@mycorpu.org](mailto:enroll@mycorpu.org)      **Phone:** 559.227.6115

[ Attach Check Here ]