CALIFORNIA NATIONAL UNIVERSITY
FOR ADVANCED STUDIES

BELT - CERTIFICATE PROGRAM REGISTRATION

This document is for the Certificate Program in Six Sigma Black Belt students only.
Upon receipt of your signed registration form, CNU will issue an enrollment agreement via fax or e-mail with start date choices availabe within the month. For information about CNU courses, degree programs, faculty, etc., please visit www.cnuas.edu or call 1-800-782-2422.

STUDENT INFORMATION

NAME: □ Female □ Male

Last/Family | First/Given | Middle Initial

HOME ADDRESS:

Number/Route/P.O. Box | Street

City/State | Zip/Postal Code | Country

EMPLOYER:

Company/Organization | Title

WORK ADDRESS:

Number/Route/P.O. Box | Street

City/State | Zip/Postal Code | Country

TELEPHONES:

Area Code/Home | Area Code/Work | FAX

E-Mail Address

PERSONAL:

DOB: Month/Day/Year | Social Security # | Citizenship

MILITARY:
(check all that apply) □ Active □ Veteran □ Civilian Employee

ETHNIC SURVEY: (check one) □ Native American □ Asian/Asian American □ Black/African American □ Other
OPTIONAL □ Hispanic □ Pacific Islander □ White/Caucasian

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HELP

For help, refer to the CNU online catalog at our website: **www.cnuas.edu**.
Or, call the CNU Admissions Office at 800-782-2422.

CERTIFICATE PROGRAM FEES

REGISTRATION FEE	$75.00 (NON-REFUNDABLE)

❒ PER COURSE FEE $1985.00

❒ CERTIFICATE COMPLETION FEE ASSESSED IN PROGRAM PRICE

NOTE: THE PAYMENT PLAN OPTION IS NOT AVAILABLE FOR CERTIFICATE PROGRAM STUDENTS. TUITION MUST BE PAID IN FULL UPON ENROLLMENT.

REGISTRATION FORMS SUBMITTED WITHOUT THE NON-REFUNDABLE REGISTRATION FEE, SIGNATURE, AND DATE WILL NOT BE PROCESSED.

SEND THIS REGISTRATION FORM AND PAYMENT TO:

CALIFORNIA NATIONAL UNIVERSITY FOR ADVANCED STUDIES
8550 BALBOA BLVD., SUITE 210
NORTHRIDGE, CA 91325

Form of Payment:

☐ Check enclosed

☐ Visa ☐ Master Card ☐ American Express

PRINT NAME exactly as it appears on the credit card: _____

Credit Card Number: _____ **Expiration Date:** _____

I certify that to the best of my knowledge, the information furnished in this registration is true. I understand that it is for evaluation purposes only, and any credit awarded to me on that basis may be revoked if this information is found to be false.

Signature: _____ **Date:** _____