

**UNIVERSITY OF TOLEDO – HEALTH SCIENCE CAMPUS
DEPARTMENT OF PUBLIC HEALTH & HOMELAND SECURITY
CONTINUING EDUCATION REGISTRATON FORM**

(PLEASE TYPE OR PRINT)

TERM: FALL SPRING SUMMER YEAR _____

NAME LAST FIRST MIDDLE / MAIDEN EMPLOYER

LOCAL ADDRESS STREET CITY STATE ZIP -CODE

PHONE HOME BUSINESS PAGER/CELL EMAIL

Course #	Instructor	Complete Course Title

This is to certify that the information above is accurate.

STUDENT SIGNATURE

DATE

RETURN COMPLETED FORM WITH PAYMENT TO:

University of Toledo – Health Science Campus
Department of Public Health & Homeland Security
Attn: Ms. Mary Alderman
3015 Arlington Avenue
Toledo, OH 43614-5803