

Address:

Name: \_\_\_\_\_

E.E. Thrash Universities Center 3825 Ridgewood Road, Box 23 Jackson, MS 39211 Phone: 601-979-8777 www.jsums.edu/lifelearning

## NON-ACADEMIC CREDIT REGISTRATION FORM

**Instructions:** Complete the registration and mail this form along with payment to:

Jackson State University School of Lifelong Learning Non-Academic Credit Programs 3825 Ridgewood Road, Box 23 Jackson, MS 39211

Street	City		State	Zip Code
Telephone (Work):	Home:			
Email Address:				
School/District:				
Other Organization:				
	TRAINING IN	FORMATION		
Tit	le	Time	Dat	ce(s) Contact Hours
Method of Payment:	Money Order	Check		_ Purchase Order
	(Make navments navable to	Lackson State I	Iniversity)	