



# Fall 2017 Classroom Paralegal Certificate Program Enrollment Form

**Payment or the Request for Incremental Payment Plan Form must accompany this form. Please print.**

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Daytime Phone including area code \_\_\_\_\_

Contact e-mail (please print clearly) \_\_\_\_\_

Highest degree earned: \_\_\_\_\_

Institution: \_\_\_\_\_

Date received: \_\_\_\_\_



Please indicate the accommodations and/or services you require to participate: \_\_\_\_\_

UNC-Chapel Hill uses the Personal ID number (PID) to aid in keeping records for students and participants. If you already have a PID, please enter it. PID # \_\_\_\_\_

If you do not already have a UNC PID, one will be assigned to you. Please provide the following information required for PID number creation. Note that a unique e-mail address is required for PID creation.

Gender:  M  F Birth Date \_\_\_\_\_

E-mail address:  Same as above  Different: \_\_\_\_\_

**Payment of \$5,495 or the Request for Incremental Payment Plan Form must accompany this form.**

Check enclosed payable to the Friday Center (Federal ID# 56-6001393).

Visa or MasterCard (Only Visa and MasterCard are accepted. Debit cards requiring the use of a PIN are not accepted.)

Cardholder's name \_\_\_\_\_

Cardholder's e-mail address \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Cardholder's billing address \_\_\_\_\_

\_\_\_\_\_

Card # \_\_\_\_\_ Expiration date \_\_\_\_\_

Mail or fax this form to:  
 Paralegal Certificate Program  
 CB 1020, The Friday Center  
 UNC-Chapel Hill  
 Chapel Hill, NC 27599-1020  
 Fax: 919-962-5549