



Spring 2018 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 \$5,695 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 # _____ Exp. 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