



Spring 2018 Online Paralegal Certificate Program Registration Form

Name: _____ Gender: M F Birth date: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ County: _____

Preferred Phone: _____ Preferred Email: _____

Highest degree earned: _____ Date received: _____

Institution: _____



Please indicate any 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. Note that a unique email address is required for PID creation.

*UNC's Online Paralegal Certificate Program has a full tuition refund policy, less a \$100 administrative fee, for individuals who cancel at least one week before the start of classes. Cancellations must be in writing. Refunds cannot be made after the start of classes. Participants in the Online Paralegal Certificate Program are eligible for employment but may not sit for the North Carolina State Bar Paralegal Examination.

Full payment of \$4,995 or Incremental Payment Plan Form and 1st incremental payment must accompany this form.

Mail or fax this form with payment to:

Paralegal Certificate Program
CB 1020, The Friday Center
UNC-Chapel Hill
Chapel Hill, NC 27599-1020
Fax: 919-962-5549

FAX: (919) 962-5549

For questions after submitting your registration form, contact the office at (919) 962-2643 or (800) 845-8640

Method of Payment - (Acceptable forms of payment are credit card, check, money order, cashier's check, or 3-part Incremental Payment Plan.) *Complete the section below if you would like to charge the program cost to your credit card.*

- Check, cashier's check or money order enclosed made payable to the Friday Center (Federal ID 56-6001393)
- Incremental Payment Plan
- Visa MasterCard (Debit cards requiring the use of a PIN are not accepted.)

Cardholder's name _____ Cardholder's signature _____

Cardholder's email address _____

Cardholder's billing address _____

Card # _____

Expiration date _____