



UNIVERSITY of NEW HAMPSHIRE

Professional Development & Training

ENROLL IN A CERTIFICATE PROGRAM

To enroll, complete the form below or on the web at www.learn.unh.edu/pcw/pd/certificate.php. Submit the form along with a \$20 enrollment fee.

If you are enrolling in more than one certificate program, a maximum of two seminars may apply to multiple certificates.

You are encouraged to complete your Certificate Program within two years.

Questions? Call (603) 862-4234 or send an email to: professional.development@unh.edu

Mail to: UNH Professional Development & Training, 6 Garrison Avenue, Durham, NH 03824 or submit to PD&T site staff in Durham, Portsmouth, or Manchester.

For descriptions of Certificate Programs: www.learn.unh.edu/pcw/pd/certificate.php

**Enroll me in the following Certificate Program(s).
There is a \$20 enrollment fee for each certificate program in which you enroll.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Coaching Children & Teens | <input type="checkbox"/> Human Resources Mgmt. | <input type="checkbox"/> Supervisory Skills |
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Leadership & Management | <input type="checkbox"/> Train the Trainer |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Professional Coaching | <input type="checkbox"/> Website Design/Development |
| <input type="checkbox"/> Engineering Mgmt. | <input type="checkbox"/> Project Management | <input type="checkbox"/> Wetland Delineation |
| <input type="checkbox"/> Grantsmanship | <input type="checkbox"/> Sales | |

Name: First _____ M.I. _____ Last _____

Date of Birth (*required*) _____ Last 4 Digits of SS# _____

Home Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Email Address _____

Title _____ Employer _____

Work Address _____

City _____ State _____ Zip _____

Enrollment Fee:

Enclosed is the enrollment fee (\$20 for each program):

___ check (payable to UNH) ___ Visa ___ MC ___ Discover

Cardnumber _____ Exp. date _____

Name on Card _____

Authorizing Signature _____