



APPLICATION FEE FOR CONTINUING EDUCATION

NAME: _____ DATE: ____/____/____

MODULE # _____ LOCATION: _____

MODULE DATE: _____ STATE TO APPLY: _____

PHONE: _____ EMAIL: _____

CREDIT CARD # _____ EXPIRY: ____/____

SIGNATURE: _____ DATE: _____

Please Note: By signing this application, I am authorizing The Carrick Institute for Graduate Studies to charge a \$50 fee per module requested. This fee is non-refundable & non-transferable. All requests must be made a minimum of 90 days in advance of the requested module date.