Certification Preparation Course Information Sheet

Name: ___________________________________________

Solar ID #: ___________________ Proxy Access #: _______________ (6 digits on back of ID card)

Cell Phone: ______-____-_________ Cumulative GPA: ______________

Preferred Email: ____________________________@_____________________

Local Address:
_________________________________________________________________

Classroom Accommodations: __________________________________________

Course Taking: ______________________________________________________

Status: _____________________________________________________________

My signature below indicates the understanding with the following. We, the Department of Campus Recreation, the State University of New York at Stony Brook University, do not guarantee the personal success or employment of any participant in the preparation courses. The course serves as a tool to provide the basic knowledge, skills and abilities to take a nationally recognized exam through an accredited provider. You, the participant, have the access, information and time to ensure your own success. Exam information is to be kept strictly confidential to ensure the creditability of the courses including any information pertaining to specific examination questions and answer choices, concepts included (or excluded) on the examination, and scoring results, except for our own results which you may disclose as you wish. There will be no refunds after the second class. If the participant voluntarily removes themselves prior to the second class, the participant will be required to return unedited course materials.

________________________________________  ________________________
Signature                                      Date

Office Use Only:

Payment Taken By: ________________________________

Date: __________

Circle One: Cash or Check # ____________