

**OFFICE OF EDUCATIONAL OUTREACH  
SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE  
*SIUE FACULTY/STAFF REGISTRATION FORM***

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First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Course Enrolling In: \_\_\_\_\_

Fee for Course: \_\_\_\_\_

***Payment Information***

Please return completed form and signed transfer voucher from department to Leslie Brock by email at [lbrock@siue.edu](mailto:lbrock@siue.edu), fax to **618.650.2629** or in person at **Rendleman Hall, Room 1330**

**Questions? Please do not hesitate  
to contact me using one of the  
below methods:**

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