

Spring Sum1 Sum2 Fall Winter Year: _____

STUDENT INFORMATION

Full Legal Name: _____
 Last Name First Name Middle Name

Permanent Address: _____
 Street Address City State Zip Code

Is this a change of address since your last attendance? Yes No

Social Security Number: _____ **Date of Birth:** _____ / _____ / _____
 Month Day Year

Home Phone #: _____ **Business Phone #:** _____

Cell Phone #: _____ **E-mail Address:** _____

Please sign, verifying that this is your LEGAL name: _____ Date: _____

On Site Residency (Do you wish to reside on campus while enrolled in the courses below?): Yes No

Military Veterans: Please provide a copy of your form DD-214 to the Registrars Office in order to initiate any applicable benefits

FOR REPORTING PURPOSES

Race/Ethnicity:

Do you consider yourself to be Hispanic/Latino? Yes No
 In addition, select one or more of the following racial categories to describe yourself.
 American Indian or Alaskan Native Asian
 Black, or African American Cape Verdean
 Native Hawaiian or Pacific Islander White
 Other (please specify): _____

Gender: Male Female

Education Level Completed:

High School
 Bachelor's Degree
 Master's Degree

COURSE SELECTION

CRN	Course #	Course Title	Day/Time	Credits
10515	PDEV 1234	SAMPLE Course Title SAMPLE	W 3:30-7 pm	3

MASTERCARD, DISCOVER, AMERICAN EXPRESS OR VISA

Card #: _____ Exp. Date: _____

CVV2 Security Code: _____ Billing Street Number: _____ Zip Code: _____

Signature Authorizing Payment: _____

P.O. #: _____

P.O. Amount: \$ _____

OFFICE USE ONLY

ID: _____

Approval #: _____

PLEASE RETURN TO CENTER FOR PROFESSIONAL STUDIES