

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: _____

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
30779	MGMT9170	Corporate Finance	M 6-8:30 pm	3

**TOTAL
 AMOUNT DUE**

MASTERCARD, DISCOVER, AMERICAN EXPRESS OR VISA

Card #: _____ Exp. Date: _____
 CVV2 Security Code: _____ Billing Street Number: _____ Zip Code: _____
 Signature Authorizing Payment: _____

OFFICE USE ONLY

ID: _____
 Approval #: _____

PLEASE RETURN TO THE OFFICE OF THE REGISTRAR