

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: _____ **E-mail Address:** _____

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

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

FOR REPORTING PURPOSES

Gender: Male Female **Date of Birth:** _____

Education Level Completed:
 High School Bachelor's Degree Master's Degree

Race/Ethnicity:
 Asian or Pacific Islander Hispanic
 Black, Non-Hispanic White, Non-Hispanic
 American Indian or Alaskan Native Cape Verdean
 Other (please specify): _____

COURSE SELECTION

CRN	Course #	Course Title	Day/Time	Credits
S10515	PDEV 1234	SAMPLE Course Title SAMPLE	W 3:30-7 pm	SAMPLE 3

MASTERCARD, DISCOVER, AMERICAN EXPRESS OR VISA

Card #	Exp. Date
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