

Spring Sum1 Sum2 Fall Winter Year: _____

STUDENT INFORMATION

Full Legal Name: _____
 Last First Middle Former/Maiden

Permanent Address: _____
 Street City State Zip Code

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

Social Security #: _____ **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: _____

FOR REPORTING PURPOSES

Gender: Male Female

Race/Ethnicity:

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

Education Level Completed:

- High School Bachelor's Degree Master's Degree

Military Veterans: Please provide a copy of your Form DD-214 (discharge papers) to the Registrar's Office (located in the lower level of the Sanders Building) if you wish to determine your eligibility for educational benefits.

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
Billing Street Number	Zip Code
Signature Authorizing Payment	

OFFICE USE ONLY

ID: _____
 Approval #: _____

PLEASE RETURN TO THE OFFICE OF THE REGISTRAR