

**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 Registrar's 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**