

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
- Black, Non-Hispanic
- American Indian or Alaskan Native
- Other (please specify): \_\_\_\_\_
- Hispanic
- White, Non-Hispanic
- Cape Verdean

**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	SAMPLE Corporate Finance SAMPLE	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 #: \_\_\_\_\_

GCE registration generic 8/07

**PLEASE RETURN TO THE OFFICE OF THE REGISTRAR**