



REGISTRATION FORM

(By Permission Only- NOT FOR UNDERGRADUATE USE)

SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES

351 W. University Blvd. CC 103 Cedar City, UT 84720

Toll Free (888) 874-2202 (435) 865-8353 FAX (435) 865-8087

Date _____ Credit Non-Credit School Year _____ Summer Fall Spring

Social Security Number	Last Name	First Name	Initial
Permanent Mailing Address		City	State
		Zip Code	
Phone Number(s)	Birthplace (City, State)		Birthdate (month/day/year)
E-mail Address			

Demographic Information

Gender: Male Female
 Marital Status: Married Single
 U.S. Citizen? Yes No
 Utah Resident? Yes No

Ethnic Background

Native American African American
 Hispanic Pacific Islander
 Caucasian Asian
 Other _____

Please List Last School Attended:

School	Dates Attended	Degree Awarded

SIGNATURE OF STUDENT _____

(Electronic Submission is equivalent to written signature.)

Class Registration

Name of Course	Department	Course #	Section #	Credit Hrs.	Instructor	Cost							
<table border="0" style="width:100%"> <tr> <td style="text-align:center">Cost to Student</td> <td style="text-align:center">Amount Paid</td> <td style="text-align:center">Balance Due</td> <td style="text-align:right">Total</td> </tr> <tr> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:center">_____</td> <td style="text-align:right">_____</td> </tr> </table>						Cost to Student	Amount Paid	Balance Due	Total	_____	_____	_____	_____
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_____	_____	_____	_____										

Method of Payment

Check / Money Order Visa Master Card Discover American Express

(If paying by Check / Money Order - print and send form along with payment to address above. *Note: form must be filled out COMPLETELY or it will not be processed.*)

Credit Card payments must include the CV2# which is the last three digits on the signature strip on the back of the card.)

Credit Card #	CV2#
Name of Card Holder	Expiration Date
Signature of Card Holder	

(Electronic Submission is equivalent to written signature.)

FOR OFFICE USE ONLY

Check # _____

Date _____

Cashier _____