



# 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 | _____ | _____ | _____ | _____ |
| Cost to Student  | Amount Paid | Balance Due | Total     |             |            |                 |             |             |       |       |       |       |       |
| _____  | _____       | _____       | _____     |             |            |                 |             |             |       |       |       |       |       |

### 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.)

|                            |
|----------------------------|
| <b>FOR OFFICE USE ONLY</b> |
| Check # _____              |
| Date _____                 |
| Cashier _____              |