



# Division of Professional and Continuing Studies Credit Course Registration Form

850 Library Ave., Suite 200, Newark, DE 19711 • Fax: 302/831-4913

Indicate enrollment semester:  Fall  Winter  Spring

	COURSE ID NO.										CR HRS	(Please check one:)			COURSE TITLE
	DEPT	Course #		Sec. #						CREDIT		PASS/FAIL	AUDIT		
	H	I	S	T	2	0	6	4	1	0	3	<input checked="" type="checkbox"/>			U.S. HISTORY SAMPLE
1.															
2.															
3.															

### BIOGRAPHIC/DEMOGRAPHIC INFORMATION

I intend to register later. Please enter the biographic information now.

DATE OF BIRTH (Month/Day/Year)

STUDENT ID NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GENDER  MALE  FEMALE

COMPLETE LEGAL NAME: I.E., LAST NAME, SPACE, FIRST NAME, SPACE, MIDDLE NAME, SPACE, MAIDEN NAME, COMMA, SUFFIX (Ex. JR, III)

\_\_\_\_\_

PREVIOUS NAME(S) \_\_\_\_\_

ADDRESS  
STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS (Required): Current Udel E-mail Address: \_\_\_\_\_ @udel.edu

ALTERNATE E-MAIL ADDRESS (Accepted only if Udel account is not yet set up): \_\_\_\_\_

COUNTRY OF CITIZENSHIP \_\_\_\_\_ VISA TYPE \_\_\_\_\_

(Students with Permanent Resident cards or who are currently here on visa need to obtain registration clearance from UD's Office of Foreign Students and Scholars, 302/831-2115.)

HOME PHONE \_\_\_\_\_ DAYTIME/CELL PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
AREA CODE AREA CODE AREA CODE

STUDENT STATUS:  Continuing Education  Full-time Matriculated  Part-time Matriculated (Matriculated = officially admitted to UD degree program)

**RESIDENCY FOR TUITION PURPOSES**—To be completed by all registrants. See [www.udel.edu/registrar/residency.html](http://www.udel.edu/registrar/residency.html) for the residency policy. If you have attended the University before as a nonresident and believe you now qualify as a Delaware resident, you must file an application for change in status with the Registrar's Office (Student Services Building, 30 Lovett Ave., Newark) or the ACCESS Center in Newark.

#### IN-STATE RESIDENTS

"I certify that I have maintained permanent domicile in Delaware for 12 consecutive months from     /    /     to     /    /     and therefore qualify for tuition payment at in-state rates."  
MO DAY YR MO DAY YR

SIGNATURE: \_\_\_\_\_

#### OUT-OF-STATE RESIDENTS

"I am NOT a Delaware resident and do not qualify for in-state tuition rates."

SIGNATURE: \_\_\_\_\_

#### HOW ARE YOU MOST COMFORTABLE DESCRIBING YOURSELF?

- American Indian/Alaska Native (I)  Asian (A)  Black/African American (B)  Caucasian/White (C)  Hispanic/Latino (H)
- Native Hawaiian/Pacific Islander (P)  Multiracial (M)  Non-resident Alien (F)  Other (T)

**REQUEST TO TAKE MORE THAN 7 CREDITS in each semester/session**—Students without a bachelor's degree must call 302/831-2741 for approval. Students with a bachelor's degree, please complete the following:

College/University \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

I certify my degree information is correct. Signature \_\_\_\_\_

#### UD ONLINE STUDENTS ONLY ARE REQUIRED TO COMPLETE THIS SECTION:

##### 1.) Site Student Information:

- I am registering through an official work site, testing center, participating community college/high school, or participating UD Online partner.

Site name: \_\_\_\_\_

- I am **not** registering through any of the above site options; I am registering as an individual for an online course.

##### 2.) Academic Area of Interest: Associate in Arts Nursing Hotel, Restaurant and Institutional Management Engineering Other

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**UNIVERSITY OF DELAWARE • Newark, Delaware 19716 • CEND PAYMENT FORM—FALL SEMESTER 2009**

FOR USE ONLY BY **NONMATRICULATED** CONTINUING EDUCATION (CEND) STUDENTS TO PAY FOR CREDIT COURSES.  
 Please complete this form, and return with registration material. Payment must accompany this form.

**RESIDENCE CLASSIFICATION** is determined from University records. If there is a question about residency status, contact the Registrar's Office prior to registration (302/831-1554).

1. NAME LAST FIRST MIDDLE  
 STREET  
 CITY AND STATE ZIP  
 E-MAIL DATE OF BIRTH  
 2. TELEPHONE NUMBER ( ) 3. DATE SUBMITTED

**4. ESTIMATED TUITION**—charges are the same for courses taken for credit or as an auditor (listener).

# of Student Credit Hours	DELAWARE RESIDENT		NONRESIDENT	
	Undergraduate	Graduate	Undergraduate	Graduate
1	\$ 325	\$ 433	\$ 845	\$ 1,126
2	650	866	1,690	2,252
3	975	1,299	2,535	3,378
4	1,300	1,732	3,380	4,504
5	1,625	2,165	4,225	5,630
6	1,950	2,598	5,070	6,756
7	2,275	3,031	5,915	7,882
8	2,600	3,464	6,760	9,008
9	2,925		7,605	
10	3,250		8,450	
11	3,575		9,295	
12-17		3,890		10,130

CEND students are charged tuition at the undergraduate rate for undergraduate-level courses (000-499) and the graduate rate for graduate-level courses (500-999).  
**All policies, rates and charges are subject to change.**

Undergraduate Level..... \$  
 Credit Hours (course numbers 000-499)  
 Graduate Level ..... \$  
 Credit Hours (course numbers 500-999)  
**TOTAL TUITION: \$**

**Fall 2009 MBA Estimated Tuition Rates Including BEND Program**

	Delaware Resident	Nonresident
Per Credit Hour	\$ 530	\$ 1,126
Full-Time (9 or more credit hours)	\$ 4,765	\$ 10,130

5. **REGISTRATION FEE**—Not applicable for UD fee waivers.....\$25.00 \$  
 6. **PART-TIME STUDENT ACTIVITY FEE**—Not applicable for UD fee waivers. (Charged to all part-time students. This fee supports student activities, concerts, performing arts, and the activities of registered student organizations..).....\$25.00 \$  
 7. **CARPENTER SPORTS FEE (Optional)**—Individual—per semester.....\$50.00 \$  
 Family—per semester.....\$100.00 \$  
 8. **DROP/ADD FEE**—(Charged in addition to tuition to students who make changes to their registration after 9/15/09.) .....\$20.00 \$  
 9. **LATE PAYMENT FEE**—(Charged for outstanding balances received after billing and fee payment deadlines.) .....\$55.00 \$  
 10. **INSTALLMENT FEE**—\$50 if applicable. Installment payment dates are 8/1/09, 9/1/09, 10/1/09, and 11/1/09. Students choosing the installment plan **after** 8/21/09 must pay half their total bill (the first and second installment payments) upon registration. ....\$50.00 \$  
 11. **TOTAL CHARGES**—sum of lines 4-10..... \$  
 12. **DEDUCTIONS—verification must be enclosed**—specify below: \_\_\_\_\_ **Total Deductions:** \$  
 13. **NET AMOUNT DUE (line 11 less line 12).** \$  
 14. **AMOUNT ENCLOSED** (choose below)  
 CHECK CREDIT CARD CASH (circle one)  Payment in full enclosed = \$ \_\_\_\_\_ **OR**  Installment payment enclosed = \$ \_\_\_\_\_  
 Must supply e-mail address for credit card receipt: \_\_\_\_\_

**15. All University policies, rates, and charges are hereby accepted. I understand there is no tuition rebate for courses dropped after September 15, 2009 and that all students who withdraw from courses after this date will be charged full tuition and any applicable fees.**

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**DEADLINE:** All registrations subject to course availability.  
 Mailed registrations and payment must be received no later than August 21, 2009.  
 Faxed registrations and payment are accepted through September 1, 2009.

**IMPORTANT:** This bill form must be completed and returned even if the net amount due (line 13) is zero.

**MASTERCARD, VISA, DISCOVER, OR AMERICAN EXPRESS MAY BE USED. COMPLETE INFORMATION BELOW.**  
**ONLY NONMATRICULATED Continuing Education (CEND) students and students admitted into UD Online degree programs may pay with credit card.**

or  or  or

ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARDHOLDER'S NAME (Please print) \_\_\_\_\_ SIGNATURE OF AUTHORIZED CARDHOLDER \_\_\_\_\_