Credit Course Registration Form—Summer 2015

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Fax: 302-831-2789 • Phone: 302-831-8843 • Email: access-advise@udel.edu

BIOGRAPHIC/DEMOGRAPHIC INFORMATION

UD ID NUMBER (If known) ________________________________________________

COMPLETE LEGAL NAME: I.E., LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX (Ex: JR, III)  
☐ I am a Delaware resident. ☐ I am not a Delaware resident.

I am a Delaware resident.

www.udel.edu/registrar/students/residency

LAST

FIRST

MIDDLE

PREVIOUS NAME(S) _____________________________________________________________________________________________________________________

ADDRESS

STREET _______________________________________________________________________________________________________________________________

CITY ________________________________________________ STATE ________________ ZIP ______________________

EMAIL ADDRESS: Current UdelNet account ____________________________ @udel.edu

Please go to www.udel.edu/welcome to set up your UdelNet and email account AFTER YOU ARE REGISTERED.

ALTERNATE EMAIL ADDRESS:______________________________________________

COUNTRY OF CITIZENSHIP (IF NOT U.S.) ______________________________________ VISA TYPE ______________________________

HOME PHONE ___________________________ DAYTIME/CELL PHONE ___________________________ FAX ___________________________

STUDENT STATUS: ☐ Continuing Education ☐ Full-time Matriculated ☐ Part-time Matriculated

(Matriculated = officially admitted to UD degree program)

☐ IMPORTANT: By checking this box, I am verifying that I am aware of the drop/add dates for the current semester/session and that the last day of free drop/add is the last day for tuition refunds or charges to be removed. For dates, see www.pcs.udel.edu/info/calendar.html. Tuition is due upon registration or by established due dates. Go to www.udel.edu/paybill after you are registered, to pay for classes.

____________________________________________________________________             ____________________________________

ONLINE COURSE TESTING INFORMATION ONLY

STUDENTS TAKING ONLINE COURSES ARE REQUIRED TO COMPLETE THIS SECTION.

Visit www.pcs.udel.edu/udonline for information regarding technical support, instructional media and procedures.

☐ I will be testing at one of the three UD testing locations in Delaware: PCS Resource Center in Newark, UD Dover Campus or UD Georgetown Campus.

☐ I will test outside the state of Delaware using the ProctorU testing service. I understand there is an exam fee.

For details, visit, www.pcs.udel.edu/udonline/exams.

Please complete both pages of this form.
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1. Two summer sessions available: 1st Summer; 5 week, or 7 1/2 week; or 2nd Summer, 5 week session.
2. Make payment online at www.udel.edu/paybill.
3. You will receive an email confirmation of registration.

Registration begins April 6. Please make your registration requests early. You will be notified if the course is closed, restricted or if you have unmet prerequisite requirements.

**PLEASE NOTE:**
- Course requests must be received by June 11 for the 1st summer session and by July 16 for the 2nd session.
- The maximum allowable load in each session is 7 credits.
- Audited courses are charged the same as courses taken for credit.
- Registration for courses implies payment unless you drop your courses by established dates—www.pcs.udel.edu/info/calendar.html.

**SAMPLE:** First indicate the number of credits for which you desire to be scheduled in this session. Then list (in priority order) the courses we should try to schedule for you until the course load is reached.

<table>
<thead>
<tr>
<th>COURSE ID NO.</th>
<th>CR HRS</th>
<th>(Please check one):</th>
<th>COURSE TITLE</th>
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<tr>
<td>DEPT Course # Sec. #</td>
<td>CREDIT PASS/FAIL AUDIT</td>
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Name: __________________________________________________________________U D  ID  N um ber: ________________________________
Last                                    First                            Middle                 Suffix
Leave blank if no UD ID #

**FIRST SESSION:** 5-week courses * (June 8–July 11) and 7 1/2-week courses * (June 8–July 30)

List (in priority order) the courses for which you would like to register, and please designate which courses are alternate choices.

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**SECOND SESSION:** 5-week courses * (July 13–August 14)

List (in priority order) the courses for which you would like to register, and please designate alternate choices.

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*Please complete both pages of this form.*