Division of Professional and Continuing Studies Credit Course Registration Form

850 Library Ave., Suite 200, Newark, DE 19711-7174 • Fax: 302/831-4913 **Check semester/session:** ☐ **Fall** ☐ **Winter** ☐ **Spring**

	COURSE ID NO. DEPT				Course #			Sec. #			CR HRS	(Please check one:) CREDIT	PASS/FAIL	AUDIT	COURSE TITLE
	H	I	S	T	2	0	6	4	1	0	3	✔			U.S. HISTORY SAMPLE
1.															
2.															
3.															

Registrations subject to course availability.

BIOGRAPHIC/DEMOGRAPHIC INFORMATION

UD ID NUMBER (If known) _____ DATE OF BIRTH (Month/Day/Year) ____/____/____ **SEX** ☐ MALE ☐ FEMALE

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

_____

PREVIOUS NAME(S) _____

ADDRESS
STREET _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS: Current UdelNet account _____ @udel.edu

To set up your UDelNET account, go to **www.udel.edu/welcome** and follow the instructions after you are registered.

ALTERNATE E-MAIL ADDRESS: _____

COUNTRY OF CITIZENSHIP _____ VISA TYPE _____

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

HOME PHONE (AREA CODE) _____ DAYTIME/CELL PHONE (AREA CODE) _____ FAX (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/residncy.html** for the residency policy.

IN-STATE RESIDENTS

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

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 a 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 _____

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.

1.) ☐ I will be testing at one of the three UD testing locations in Delaware: PCS Resource Center in Newark or UD Academic Center at Delaware Tech in Dover or Georgetown.

2.) ☐ I will be testing at a UD Online approved testing site. Visit **www.pcs.udel.edu/udonline/exams/testing_sites.html** for information.

Site name: _____

Please complete both pages of this form.