



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 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