

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
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SIGNATURE OF STUDENT _____

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;"> <input style="width: 100%;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 100%;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 100%;" type="text"/> </td> <td style="text-align: right;"> <input style="width: 100%; background-color: #cccccc;" type="text"/> </td> </tr> </table>						Cost to Student	Amount Paid	Balance Due	Total	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%; background-color: #cccccc;" type="text"/>
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FOR OFFICE USE ONLY
Check # _____
Date _____
Cashier _____

Method of Payment

Check or Money Order only, credit cards are no longer accepted.

Note: Form must be filled out COMPLETELY or it will not be processed.

Be sure to sign form.