



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

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Credit Registration, University of Delaware, Professional & Continuing Studies Resource Center, 850 Library Ave., Newark, Delaware 19711

CEND PAYMENT FORM—WINTER SESSION 2010 FOR USE ONLY BY **NONMATRICULATED** CONTINUING EDUCATION (CEND) STUDENTS TO PAY FOR CREDIT COURSES. Please complete this form, and return with registration form. 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.	LAST	FIRST	MIDDLE
NAME _____			
STREET _____			
CITY AND STATE _____			ZIP _____
E-MAIL _____		DATE OF BIRTH _____	
2. TELEPHONE NUMBER (_____) _____		3. DATE SUBMITTED _____	

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

Credit Hours	Undergraduate		Graduate <i>See information at right.</i>
	DE Resident	Nonresident	
1	356	927	1,236
2	712	1,854	2,472
3	1,068	2,781	3,708
4	1,424	3,708	
5	<i>Maximum Tuition</i>	<i>Maximum Tuition</i>	<i>Maximum Tuition</i>
6	\$ 1,602	\$ 4,172	\$ 4,172
7			

The Resident Professional and Continuing Studies Graduate Scholarship Program is offered from UD to Delaware residents who enroll in a graduate course through Professional and Continuing Studies and who pay tuition for a graduate course(s) in the 2009-10 academic year. The amount of the Resident Graduate Scholarship will be applied directly to the student's billing account at the time registration takes place. See also www.udel.edu/gradoffice.

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)

Tuition for BE-MBA/MS students:

\$1,236 per credit
<i>No maximum applies to graduate courses for BE-MBA/MS students</i>

TOTAL TUITION: \$ _____

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.....\$15.00 \$
 Family—per semester.....\$30.00 \$

8. DROP/ADD FEE—(Charged in addition to tuition to students who make changes to their registration after 1/7/10.)\$25.00 \$

9. LATE PAYMENT FEE—(Charged for outstanding balances received after billing and fee payment deadlines.)\$55.00 \$

10. TOTAL CHARGES—sum of lines 4-9..... \$

11. DEDUCTIONS—verification must be enclosed—specify below:
 _____ **Total Deductions:** \$

12. NET AMOUNT DUE (line 10 less line 11). \$

13. AMOUNT ENCLOSED (choose below)
 CHECK CREDIT CARD CASH (circle one) Payment in full enclosed = \$ _____
 Must supply e-mail address for credit card receipt: _____

14. All University policies, rates, and charges are hereby accepted. I understand there is no tuition rebate for courses dropped after January 7, 2010 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.
 In-person registration and payment may be made at Professional and Continuing Studies locations beginning November 2, 2009.
 Mailed registrations and payment must be received no later than December 11, 2009.
 Faxed registrations and payment are accepted through January 7, 2010.

IMPORTANT: This bill form must be completed and returned even if the net amount due (line 12) 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 _____