



# 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](http://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



**UD ONLINE COURSE PAYMENT FORM • NONRESIDENT SITE PARTICIPANT  
UNIVERSITY OF DELAWARE • WINTER SESSION 2010**

**ONLY FOR USE BY STUDENTS TAKING UD ONLINE CREDIT COURSE(S) AT OFFICIAL SITES.**

Please return this form, payment, and completed registration form to the following address or fax number.  
Visit [www.pcs.udel.edu/info/tuition.html](http://www.pcs.udel.edu/info/tuition.html) for specific registration options and deadlines.

University of Delaware  
Credit Registration, Professional & Continuing Studies Resource Center  
850 Library Avenue  
Newark, DE 19711 or fax: 302/831-4913 (fax requires credit card payment)

Student ID Number

--	--	--	--	--	--	--	--	--	--

NAME LAST FIRST MIDDLE

STREET

CITY, STATE, ZIP CODE

E-MAIL DATE OF BIRTH

NAME OF SITE DATE SUBMITTED

TELEPHONE NUMBER ( )

**UD ONLINE TUITION:** All UD Online nonresident site participants (with the exception of students matriculated in the RN to MSN program) are charged tuition based on the level of the course regardless of residency status: undergraduate level (000-499) or graduate level (500-999). Charges are the same for courses taken for credit or as an auditor (listener). **No rebate of tuition or fees for courses dropped after January 7, 2010.**

TUITION			1. TUITION	
# of Student Credit Hours	Nonresident Site Participant Undergraduate	Tuition Graduate		
1	\$ 414	\$ 1,067	_____ Undergraduate Level x \$414.....	\$ _____
			<i>Credit Hrs. (course numbers 000-499 and all courses for matriculated RN to MSN students)</i>	
2	828	2,134	_____ Graduate Level x \$1,067.....	\$ _____
			<i>Credit Hrs. (course numbers 500-999)</i>	
3	1,242	3,201	<b>2. REGISTRATION FEE</b> .....	\$ 25.00
4	1,656	4,268	<b>3. DROP/ADD FEE</b> (Charged in addition to tuition to students who make changes to their registration after 1/7/10) .....	\$25.00 .... \$ _____
5	2,070	5,335	<b>4. LATE PAYMENT FEE</b> (Charged for outstanding balances received after billing and fee payment deadlines) .....	\$55.00 .... \$ _____
6	2,484	6,402	<b>5. PART-TIME STUDENT ACTIVITY FEE</b> —(If your student group is "site" you will be exempt from the fee.) .....	\$25.00 .... \$ _____
7	2,898	7,469	<b>6. TOTAL CHARGES</b> —sum of lines 1-5 above .....	\$ _____
			<b>7. DEDUCTIONS</b> —verification must be enclosed. Please specify.	\$ _____
			<b>8. NET AMOUNT DUE</b> (line 6 less line 7) .....	\$ _____

**PAYMENT METHOD:**  
 Check—Make checks payable to the University of Delaware. Check # \_\_\_\_\_ Please show student's name on all checks.  
 Company Voucher—Confirmation from employer must be enclosed with course registration.  
 Credit Card Payment (Must supply current e-mail address for receipt: \_\_\_\_\_)  
 Payment in full enclosed = \$ \_\_\_\_\_

**DEADLINE:** All registrations subject to course availability. Mail registrations and payment must be received no later than December 11, 2009. Fax registrations and payment are accepted through December 23, 2009.

**CEND FEES MAY BE PAID BY MASTERCARD/VISA/DISCOVER/AMERICAN EXPRESS. TO CHARGE, PROVIDE COMPLETE INFORMATION BELOW.**

OR  OR  OR  ACCOUNT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

CARDHOLDER'S NAME (Please print) \_\_\_\_\_  
SIGNATURE OF AUTHORIZED CARDHOLDER \_\_\_\_\_

**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: \_\_\_\_\_