Credit Course Registration Request Form

UNIVERSITY OF DELAWARE
PROFESSIONAL & CONTINUING STUDIES

Please complete this form and scan and email to **access-advise@udel.edu** or use the online request form at pcs.udel.edu/registration-forms.

Your registration will be confirmed via email. Questions? Email access-advise@udel.edu or call 302-831-8843. Course registration is subject to space availability and prerequisites.

CHECK SEMESTER/SESSION:
☐ Fall   ☐ Winter
☐ Spring ☐ Summer

	COURSE ID NO.										CR HRS	(Please check one)			COURSE TITLE
	Dept.				Course #				Section #			CR	P/F	AU	
SAMPLE	H	I	S	T	2	0	6	4	1	0	3	✓			U.S. HISTORY
1															
Discuss.											D				
Lab											L				
2															
Discuss.											D				
Lab											L				
3															
Discuss.											D				
Lab											L				
4															
Discuss.											D				
Lab											L				

UD ID NUMBER *(If known)* _____

DATE OF BIRTH
_____
MONTH/DAY/YEAR

NAME _____
(LAST)   (FIRST)   (MIDDLE)   (PREVIOUS NAME–if applicable)

ADDRESS—
STREET _____

CITY _____ STATE _____ ZIP _____

☐ I am a Delaware resident.   ☐ I am not a Delaware resident. *(See **udel.edu/registrar/students/residency** for the residency policy.)*

UD EMAIL ADDRESS (Current UDelNet account): _____ @udel.edu

NON-UD EMAIL ADDRESS: _____

COUNTRY OF CITIZENSHIP _____ VISA TYPE _____

CELL PHONE |__|__|__| |__|__|__| |__|__|__|__| HOME PHONE |__|__|__| |__|__|__| |__|__|__|__|
AREA CODE   AREA CODE

By submitting this form, I am verifying my residency (above) and that I am aware of the drop/add dates for the current term and that the drop/add deadline is the last day to drop classes and not be held responsible for tuition and fees. For dates, see udel.edu/registrar/cal. Tuition is due by the first day of the term. To pay for classes, go to udel.edu/paybillstu.

_____   _____
Signature   Date