

For office use only:

Semester _____

Year _____



For office use only:

App/Reg Entered _____

Payment Processed _____

Non-Credit Course Registration Form

Mail or fax your registration form and payment:

Campus Wide Extended Studies
1420 Austin Bluffs Parkway, Colorado Springs, CO 80918

Fax: 719-255-3911 Phone: 719-255-3498

Last Name	First Name	Middle Name	Former Name (if applicable)	Date of Birth (MM/DD/YYYY)
Gender Male: <input type="checkbox"/> Female: <input type="checkbox"/>	Daytime Phone	Home Phone	Email Address	
Ethnicity (Optional) <input type="checkbox"/> Black/African American (Not of Hispanic origin) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Caucasian/White (Not of Hispanic origin) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Hispanic				
Mailing Address			City, State, Zip Code	

Course Title	Course Number/Section Number	Cost

I certify to the best of my knowledge that the information furnished on this application/registration is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that I am responsible for payment of all tuition and fees.

Signature: _____
(please print form prior to signing)

FULL PAYMENT MUST BE MADE AT TIME OF REGISTRATION

Amount Paid \$	Payment Method (Please Circle) Check Money Order VISA Discover Master Card Am Exp	Print Name (as it appears on credit card)
Check/Money Order #	Credit Card Number Exp. Date	Signature (please print form prior to signing)

For office use only: **Student ID** _____