

For office use only: Received by: _____ Date: _____

Course Created by: _____ Date: _____

Semester: _____

Registered by: _____ Date: _____

Payment Entered by: _____ Date: _____

Year: _____



Online & Academic Outreach

UNIVERSITY OF COLORADO COLORADO SPRINGS

Listening In and Audit Class Registration Form

Return your completed registration form:

E-mail: lifelong@uccs.edu
 In-Person: Online & Academic Outreach (*across the street from UCCS campus*)
 1861 Austin Bluffs Parkway, Ste. 100 (*University Office Park*)
 Mail: Online & Academic Outreach/Listening In or Audit Class
 1420 Austin Bluffs Parkway, Colorado Springs, CO 80918

Last Name		First Name		Middle Name		Date of Birth (MM/DD/YYYY)	
Email Address		Daytime Phone		Home Phone		Student ID	
Semester/Year	Course Title	Course Number	Course Section	Credit Hours	Registration Fee	Blackboard/Canvas?	Additional Fees (if applicable)
Permission:	Instructor: Signature		Date	Instructor: Print Name			
Semester/Year	Course Title	Course Number	Course Section	Credit Hours	Registration Fee	Blackboard?	Additional Fees (if applicable)
Permission:	Instructor: Signature		Date	Instructor: Print Name			

I certify to the best of my knowledge that the information furnished on this 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 Listening In course costs and course fees (if applicable).

Signature: _____ Date: _____

- ➔ DEADLINE - NO REGISTRATIONS WILL BE ACCEPTED AFTER THE SECOND WEEK OF THE SEMESTER.
- ➔ REFUNDS - YOU CAN RECEIVE A 100% REFUND IF YOU CANCEL YOUR REGISTRATION DURING THE FIRST TWO WEEKS OF THE SEMESTER. NO REFUNDS ARE ISSUED AFTER THE SECOND WEEK OF THE SEMESTER.
- ➔ IF YOU ARE SUSPENDED FROM MAIN CAMPUS OR TAKING MAIN CAMPUS COURSES, ENTRY INTO THE LISTENING IN/AUDIT CLASS PROGRAM WILL BE DETERMINED ON AN INDIVIDUAL BASIS.

Print Name (As it appears on Credit Card)		Total Amount Due \$	Total Amount Paid \$
Student ID	Payment Method (<i>please mark one</i>) <input type="checkbox"/> Check/Money Order # _____ <input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express Please note that credit card payments will be charged a 2.75% Service fee. This fee will appear as a separate charge on your credit card statement.		
Credit Card Number	Exp. Date	Signature	