

## NON-DEGREE SEEKING REGISTRATION FORM

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ ☐ Home OR ☐ Cell  
Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gender: ☐ Female ☐ Male Ethnicity: ☐ African American or Black ☐ American Indian/Alaskan Native ☐ Asian  
☐ Caucasian ☐ Hawaiian or Pacific Islander ☐ Hispanic or Latino ☐ Two or more races: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REGISTRATION INFORMATION

**Current course schedule and descriptions can be found on the [Self-Service Section search](#).**

### REGISTRATION TYPE

☐ Non-Degree ☐ Medical Interpreting Certificate (MDI) ☐ Graduate Education Certification (GCERT)  
☐ Grant ☐ Senior (over 65) limit of 3 free credits ☐ Alum Audit (no credit) limit of 3 free credits

Semester (Ex. Fall 2024): \_\_\_\_\_

Course ID (Ex. ENG 101)	Section (Ex. D1)	Title	Credits

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to the Registrar's Office. After processing, your registration will be sent to you. A billing statement will also be sent to you through Student Accounts. Payment is due before the class begins.