



REGISTRATION FORM

Term/Semester
 FALL WINTER
 SPRING SUMMER **20** _____
 SPRING INTERSESSION

PLEASE CHECK:

University College <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Non-Credit
Engineering <input type="checkbox"/> Part-time Undergraduate <input type="checkbox"/> Graduate
Nursing <input type="checkbox"/> Part-time Undergraduate <input type="checkbox"/> Graduate
Arts and Sciences <input type="checkbox"/> Graduate
Grad Ed and Allied Prof. <input type="checkbox"/> Graduate
Business <input type="checkbox"/> Graduate

FAIRFIELD ID # OR										
SS # IF ID IS UNKNOWN										

NAME (Last) (First) (Middle Initial OR Maiden)	Optional U.S. Government Survey
HOME ADDRESS (MA) (Street) (City) (State) (Zip) (Home Phone) () ()	<input type="checkbox"/> American Indian (I) <input type="checkbox"/> Native Hawaiian or (N) Alaskan Native Other Pacific Islander <input type="checkbox"/> Asian (A) <input type="checkbox"/> White (W) <input type="checkbox"/> Black or (B) African-American <input type="checkbox"/> Other (O) <input type="checkbox"/> Hispanic or (H) Latino <input type="checkbox"/> International (I)
BUSINESS ADDRESS (BU) (Name) (Street) (City) (State) (Zip) (Business Phone) () ()	
E-MAIL ADDRESS	Date of Birth: Day Month Year
SEX: _____ CITIZEN: _____	

COURSE REF. NO.	SUBJECT	NUMBER	SECTION	BRIEF COURSE TITLE	AU	CR	TUITION
Example: 10106	HI	30	A	Modernlznation in West		3	

I authorize the use of my credit card account. Expiration Date / <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX CARD NO. _____	Bursar's Use Only DATE _____ AUTH # _____	Sub-Total Registration Fee Materials/Lab Fee Processing Fee TOTAL
SIGNATURE _____		
OFFICE USE: <input type="checkbox"/> PROM NOTE <input type="checkbox"/> CORP <input type="checkbox"/> LOAN <input type="checkbox"/> CK# _____ <input type="checkbox"/> CASH AMT. PD. _____ DATE _____ INT _____		<input type="checkbox"/> BILL MY COMPANY Authorization Enclosed