



REGISTRATION FORM

(By Permission Only- NOT FOR UNDERGRADUATE USE)

SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES

351 W. University Blvd. CC 103 Cedar City, UT 84720

Toll Free (888) 874-2202 (435) 865-8353 FAX (435) 865-8087

Date _____ Credit Non-Credit School Year _____ Summer Fall Spring

Social Security Number	Last Name	First Name	Initial
Permanent Mailing Address		City	State
		Zip Code	
Phone Number(s)	Birthplace (City, State)		Birthdate (month/day/year)
E-mail Address			

Demographic Information

Gender: Male Female
 Marital Status: Married Single
 U.S. Citizen? Yes No
 Utah Resident? Yes No

Ethnic Background

Native American African American
 Hispanic Pacific Islander
 Caucasian Asian
 Other _____

Please List Last School Attended:

School	Dates Attended	Degree Awarded

SIGNATURE OF STUDENT _____

Class Registration

Name of Course	Department	Course #	Section #	Credit Hrs.	Instructor	Cost
						Total

Cost to Student	Amount Paid	Balance Due	Total
[]	[]	[]	[]

Method of Payment

Check or Money Order only, credit cards are no longer accepted.

Note: Form must be filled out COMPLETELY or it will not be processed.

Be sure to sign form.

FOR OFFICE USE ONLY
Check # _____
Date _____
Cashier _____