



REGISTRATION FORM

Term/Semester

- FALL WINTER
 SPRING SUMMER
 SPRING INTERSESSION

20 15

FAIRFIELD ID # OR
SS # IF ID IS UNKNOWN

[REDACTED]

PLEASE CHECK:

- Continuing Studies**
 Undergraduate PT
 Non-Credit
- Engineering**
 Part-time Undergraduate
 Graduate
- Nursing**
 Part-time Undergraduate
 Graduate
- Arts and Sciences**
 Graduate
- Grad Ed and Allied Prof.**
 Graduate
- Business**
 Graduate

NAME (Last) (First) (Middle Initial OR Maiden)

[REDACTED]

HOME ADDRESS (MA) (Street) (City) (State) (Zip) (Home Phone)

[REDACTED]

BUSINESS ADDRESS (BU) (Street) (City) (State) (Zip) (Business Phone)
(Name)

E-MAIL ADDRESS [REDACTED]

Optional U.S. Government Survey

- American Indian (I) Native Hawaiian or (N) Other Pacific Islander
 Asian (A) White (W)
 Black or (B) Other (O)
 African-American International (I)
 Hispanic or (H) Latino

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	Modernization in West		3	
33826	ECE	0485	01	DIGITAL COMMUNICATIONS		3	
32331	ECE	0420	01	READINGS IN ELECTRICAL AND COMPUTER ENGINEERING		3	
33814	SW	0409	02	ADVANCED PROGRAMMING IN JAVA		3	
33226	ECE	0460	01	NETWORK PROGRAMMING		3	

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Materials/Lab Fee	
Processing Fee	
TOTAL	

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