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**Part-Time Registration Form**

This form is to be used by students to register for courses under part-time status (11 credits or less). Students must complete Sections 1-3 of this form, print it, sign it, and submit it to the Registrar’s Office by the registration deadline.

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| **SECTION 1: PERSONAL INFORMATION** |

**Name (Last, First Middle):** Click here to enter full legal name.

**Student ID Number:** Click here to enter Student ID Number.

**Name when last attended (if different):** Click here to enter name when last attended.

**Check all that apply:**  [ ]  New Address [ ]  New Phone [ ]  Name Change

**Phone Number:** Click here to enter phone number. **Email:** Click here to enter email address.

**Permanent Address:** Click here to enter Street Address.

 Click here to enter City. State. Zip Code.

 Click here to enter County.

**Birth Date** (MM/DD/YYYY): Click here to enter birth date.

**Optional Demographic Information:**

 Are you of Hispanic or Latino origin? [ ]  Yes [ ]  No

 Race: Click here to enter race.

**Citizenship:** [ ]  U.S.A.

[ ]  U.S. Permanent Resident (submit photocopy of front and back of Permanent Resident Card)

[ ]  All other applicants – specify visa type or other non-immigrant category: Click here to enter visa type or other non-immigrant category.

**Employer (if applicable):** Click here to enter name of employer.

Click here to enter employer’s phone number.

**Emergency Contact Name:** Click here to enter name of emergency contact.

**Emergency Contact Phone Number:** Click here to enter phone number(s) of emergency contact.

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| **SECTION 2: ENROLLMENT INFORMATION** |

**Status:** [ ]  New

 [ ]  Currently Enrolled

 [ ]  Re-entry (not registered in previous term): Click here to enter date of last attendance.

**I have applied for admission to Stevenson University.** [ ]  Yes [ ]  No

**Degree Sought:** [ ]  BA [ ]  BS [ ]  MS [ ]  MAT [ ]  Non-Degree Seeking\*

 \*Non-degree students are limited to part-time status and are not eligible for financial aid.

**Major (if applicable):** Click here to enter major.

**Anticipated Graduation Date:** [ ]  May [ ]  August [ ]  December **Year:** Click here to enter year.

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| **SECTION 3: COURSE INFORMATION** |

**Current tuition rates are published on the stevenson.edu website.**

**Term:**  [ ]  Fall [ ]  January [ ]  Spring [ ]  Summer **Year:** Click here to enter year.

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| --- | --- | --- | --- | --- | --- |
| **Subject** | **Course Number** | **Section Number** | **Course Title** | **Credits** | **Tuition** |
| Click here to enter subject. | Click here to enter course number. | Click here to enter section number. | Click here to enter course title. | Click here to enter number of credits. | Click here to enter tuition. |
| Click here to enter subject. | Click here to enter course number. | Click here to enter section number. | Click here to enter course title. | Click here to enter number of credits. | Click here to enter tuition. |
| Click here to enter subject. | Click here to enter course number. | Click here to enter section number. | Click here to enter course title. | Click here to enter number of credits. | Click here to enter tuition. |

**Total Tuition:** Click here to enter amount.

**Fees:** Click here to enter amount.

**Total Cost for Indicated Term:** Click here to enter amount.

**Note regarding courses with pre-requisites**: If the course for which you wish to register has a pre-requisite and you are a student from another institution, you must submit a transcript from your home institution with this form. Your transcript will be reviewed by the appropriate associate dean, department chair, or program coordinator to determine if the pre-requisite requirement has been met.

**Check one:**

[ ]  I am a student from another institution registering for Stevenson courses with pre-requisites, and I have attached a transcript from my home institution for review by the associate dean/department chair/program coordinator.

[ ]  I am a Stevenson University student registering for courses with pre-requisites.

[ ]  I am not registering for any courses with pre-requisites.

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| **SECTION 4: SIGNATURES** |

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**Student Date**

**To be completed by Registrar’s Office:**

[ ]  Form received and entered on (mm/dd/yy) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_