



Noncredit Registration Form

PROGRAM SCCP (Short Courses and Certificates Program) Personal Enrichment TERM: Fall Spring Summer YEAR: _____

FULL LEGAL NAME: _____ SEX: Male Female
Last First Middle Former or Maiden

CU STUDENT NO.: _____ SOCIAL SECURITY NO.: _____ BIRTHDATE: _____ AGE: _____
(If applicable.) (Required for TRA tax credits.) Month/Day/Year

HOME WORK ADDRESS: _____
No. and Street, Apt. No. City State Zip

If using "work" address, enter COMPANY NAME: _____

HOME PHONE: _____ DAY PHONE: _____ E-MAIL: _____

- ETHNICITY:
- African American or Black, not of Hispanic origin
 - American Indian or Alaskan Native – Tribe: _____
 - American Indian or Alaskan Native, Non-Tribe member
 - Asian or Pacific Islander
 - Hispanic, Chicano, Mexican American, Latino
 - Multiracial – define: _____
 - White, not of Hispanic origin
 - I do not wish to provide this information

- SELECTIVE SERVICE REGISTRATION CERTIFICATION:
- I certify that I am registered with the Selective Service.
 - I am not required to register with the Selective Service because:
 - I am a female.
 - I am in the U.S. Armed Forces on active duty.
 - I have not yet reached my 18th birthday
 - I am age 26, or older, by the first day of class
 - I am a non-immigrant alien lawfully admitted in the U.S.

1. Are you a University of Colorado faculty/staff member? No Yes
2. Have you ever enrolled in courses at any campus of the University of Colorado? No Yes If yes, most recent: Term: _____ Year: _____ Campus: _____
3. Do you have a pending criminal charge OR have you ever been convicted of a crime, made a plea of guilty, accepted a deferred judgment, been adjudicated, or been required to register as a sex offender? (Misdemeanor traffic offenses are exempt.) No Yes If yes, you must attach the required "CE supplemental form."

COURSE SELECTION	Alpha Prefix	Course No.	Section No.	COURSE TITLE	Tuition
Total Enclosed					\$

I hereby certify that, to the best of my knowledge, the information furnished on this application is true and complete. Please register me for the course(s) listed above. I agree to observe all campus policies and regulations including the Honor Code. Signature: _____ Date: _____

04/2007

TUITION PAYMENT
 (Your payment must accompany this registration form.)

<p>Method of payment: <input type="checkbox"/> Check or Money Order (Make payable to University of Colorado, and attach to this form.) <input type="checkbox"/> Credit Card (Complete the credit card section.)</p> <p><u>Mail</u> your registration to: Division of Continuing Education & Professional Studies University of Colorado at Boulder 178 UCB Boulder, CO 80309-0178</p> <p>Or, if using a credit card, <u>fax</u> your registration to 303-492-5335, or <u>call</u> 303-492-5148 to register over the phone.</p>	<p>Charge my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> University ACARD</p> <p>Credit Card # _____ - _____ - _____ - _____</p> <p>Expiration Date: _____ / _____ Amount _____</p> <p>Cardholder's Name: _____ <div style="text-align: right;">Please print.</div></p>
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Thank you for your interest in CU Continuing Education and Professional Studies and taking time to respond to the questions below. Your response will assist in meeting future needs.

CU Student ID No. _____

Which areas interest you?

- Evening Credit Online / Correspondence Daytime Credit Fall / Spring Daytime Credit Summer Business
 Engineering/Technology English Language (ESL) Personal Enrichment High School Music Other _____

How did you learn about us?

- Publication: Continuing Education Catalog Colorado Daily Daily Camera The Onion Boulder Weekly
 Boulder Magazine Boulder County Business Report Arts Program RTD Bus Board Sign Other _____
- University: Advisor Friend Current / Former Student Admissions My Employer
- Web: Continuing Education Web Site CU-Boulder Web Site Buff Bulletin / E-mail Web Search
 Alumni Newsletter Online Banner Ad Other _____

For office use only: Registrar's Initials _____ Date Entered into SIS _____ Term _____ Promo Code _____

Program: ___BE ___IL ___AC/Sum ___PE ___SCCP ___EDP ___CAETE Other _____