The University of the Arts Division of Continuing Studies

Continuing Education Spring 2010 Registration Form

☐ Male ☐ Female

Last Name | First Name | Middle Initial ☐☐☐☐☐

Street Address | Apartment | Registration Code (from the back of your brochure)

City | State | Zip Code | Country

Social Security Number | Work Email | Personal Email

Day Phone | Evening Phone | Cell Phone

Profession | Employer | Birth Date

Undergraduate College Attended | Degree | Year Graduated | Subject

Graduate Program Attended | Degree | Year Graduated | Subject

How did you hear about the UArts Continuing Education Program?

- ☐ Returning CE Student
- ☐ Recommended by a Colleague
- ☐ UArts Website
- ☐ Brochure Sent to Home
- ☐ Radio Advertisement
- ☐ Internet Search
- ☐ UArts Alumni
- ☐ Email Listserv:_____
- ☐ Advertisement:_____
- ☐ Other:_____

Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself:

- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Pacific Islander
- ☐ White

I Wish to Register for the Following Courses:

Course No.	Course Title	Number of Credits	Tuition	Fees

Payment: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Check ☐ Money Order

Credit Card Number | Expiration Date | Security Code

Name on the Card

Signature | Signature Date

TUITION TOTAL $_____

*10% Tuition Discount (if applicable) – $_____

FEE TOTAL + $_____

TOTAL DUE = $_____

* See facing page for available discounts applied to tuition only.

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Signature

Date

Student ID# ☐☐☐☐☐☐☐

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