



The University of the Arts

CONTINUING EDUCATION

FOR INTERNAL USE ONLY

Student ID # _____

Date Received _____ Initials _____

Summer 2016 Registration Form

Last Name _____ Middle Name _____ Legal First Name _____

SSN (xxx-xx-xxxx) _____ Birth Date (mm/dd/yyyy) _____ Gender _____

Mailing Address _____ Apartment _____

City _____ State _____ Zip _____

(Check Preferred) _____ _____ _____

Cell Phone _____ Home Phone _____ Business Phone _____

Email _____

Optional: 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

Course No. _____ Course Title _____ Credits _____ Tuition _____ Fees _____

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Signature _____ Signature Date _____

Payment: Visa MasterCard AmEx Discover Check Money Order

Credit Card Number _____

Name on Card _____ Expiration Date _____ Security Code _____

Billing Address _____ Apartment _____

City _____ State _____ Zip _____

Signature _____ Signature Date _____

TUITION TOTAL	\$ _____
TUITION DISCOUNT <i>(if applicable)</i>	- \$ _____
FEE TOTAL	+ \$ _____
TOTAL DUE	= \$ _____
<i>Payment is due in full at the time of registration.</i>	

Submit this form to:

MAILING ADDRESS
Continuing Studies
320 S. Broad St.
Philadelphia, PA 19102

FAX 215.717.6538
EMAIL cs@uarts.edu
PHONE 215.717.6006

OFFICE LOCATION
Continuing Studies, Terra
Hall 9th Floor, Rm. 901
211 S. Broad St.
Philadelphia, PA 19107

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