

Union Graduate College

Registration Form

Date: _____

Part I: To be Completed by the Student (be sure to sign below):

Name: _____ I.D. # _____ D.O.B.: _____ Term/Year: _____

Phone: (H): _____ (**Cell): _____ (Cell Carrier): _____ Program of Study: _____

***Cell phone # and carrier needed for emergency notification system*

Local Address: _____ Preferred Email: _____

Employer: _____ (Wk Ph) _____

Has any of the above information changed since your last registration? Y___ N___

Are you an international student? Y___ N___

If yes what Visa Type: _____ / Int'l Advisor initials _____

Financial Questions:

Do you receive student loans? Y___ N___

Are you eligible for Engrg. Consortium Discount (Eng./CS only) Y___ N___

Are you eligible for VA benefits? Y___ N___

Please circle one if you receive: Co. Reimbursement / Co. Billing

Company Name: _____

Contact Name/Phone _____ / _____

The undersigned agrees to be responsible for and to pay to Union Graduate College the amount of the student's account, including all charges for tuition, room and any collection or attorney fees incurred should I fail to meet my obligations.

Student's Signature Required: _____

II: To be Completed by the Student:

Course Prefix	Course #	Section #
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1st Course Title: _____

_____ - _____ - _____

2nd Course Title: _____

_____ - _____ - _____

3rd Course Title: _____

_____ - _____ - _____

4th Course Title: _____

_____ - _____ - _____

If paying by Credit Card, please fill in information below:

Please charge: \$ _____ To my: MC___ Visa___

Card #: _____ Exp.Date.: _____

3 digit code on back _____ Signature: _____

Part III: For Office Use (student does not complete this section)

Total Tuition Amount (+): _____

Additional Fees (describe below) (+) _____

Waiver/Credit/Remission: (-) _____

Amount Paid (-) _____ (Code: _____)

Preapproved Loans to be applied (-) _____

Total Amount due first week of class: _____

Additional Fees: _____

**First Bill
Balance Due 1st
Week of Class**

* SOE,SOE/CS, BE please obtain your advisor's signature. SOM students must have a study plan on file

Hold Ck: _____

Processed by: _____

White Copy-Registrar

Yellow Copy-Finance

Pink Copy-Student Invoice/schedule