

## University of Colorado Denver, School of Education & Human Development Continuing and Professional Education Registration Form for University Credit

**YEAR 2009**

**TERM Summer**

Last Name	First Name	Middle Initial	Former Name, if applicable
Student ID # (leave BLANK if not known)	Date of Birth	Daytime Phone	Employer
Mailing Address	City	State	Zip
EMAIL Address			

**Ethnic Origin**

- American Indian or Alaska Native   
  Asian or Pacific Islander   
  White, not of Hispanic origin  
 Black, not of Hispanic origin   
  Hispanic   
  Other

**Citizenship**

- U.S. Citizen   
  Non-U.S. Citizen  
 Country of Citizenship \_\_\_\_\_  
 Visa Type \_\_\_\_\_

**Gender**

- Female   
  Male

**ALL APPLICANTS: ANSWER ALL QUESTIONS**

- Do you have a high school diploma? Yes \_\_\_\_\_ No \_\_\_\_\_
- Do you have a college degree? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate College/University: \_\_\_\_\_ Degree: \_\_\_\_\_ Date: \_\_\_\_\_
- **Have you ever enrolled for credit courses at ANY campus of the University of Colorado (including Continuing Education/Extended Studies)?** Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, at which campus? \_\_\_\_\_
- If you are a male born after December 31, 1959, the following selective service question must be answered to comply with Colorado state law: Are you registered with the U.S. Selective Service? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you been admitted to a program in the UCD School of Education and Human Development? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which program? \_\_\_\_\_

CHECK TO ADD	COURSE TITLE	COURSE PREFIX/ COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	INSTRUCTOR'S NAME	TUITION
	ST: 2009 TIE Conference	I T 5998	025	1	Brent Wilson	\$60
	ST: 2009 TIE Conference	I T 5998	025	2	Brent Wilson	\$120

**Payment Information: Do not include payment with this form.** The University of Colorado no longer mails student bills. See the attachment for payment instructions.

Note: University policy states that you **must** pay your tuition, unless you **officially** drop the course before 15% of the scheduled class meeting time has elapsed. Service fees accrue against the unpaid balance each month; unpaid student accounts are forwarded to our Student Debt Management Office and may result in collections action. Your signature on this form indicates your understanding and acceptance of this policy. See the attachment or visit [www.cudenver.edu](http://www.cudenver.edu) for more information.

I certify to the best of my knowledge that the information furnished on this application/registration is true and complete without evasion or misrepresentation. I understand that if found to be otherwise, it is sufficient cause for rejection or dismissal. I understand that admission to the University of Colorado as a non-degree student does not guarantee eligibility for regular degree status. If these charges are not covered by a grant or scholarship, I understand that I am responsible for these tuition fees and can use the above forms of payment.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Registration forms may be collected by the course instructor and submitted in a single packet OR may be sent individually to: UCD School of Education & Human Development; Continuing and Professional Education; CB 106; P.O. Box 173364; Denver, CO 80217-3364. Registrations must be submitted as soon as possible, but no later than **7/15/2009**. Late registrations may not be accepted. *Questions?* Contact us by phone: 303-315-6312; fax: 303-315-6313; or email: [cpe@ucdenver.edu](mailto:cpe@ucdenver.edu).