

# 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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1<sup>st</sup> 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 1<sup>st</sup>  
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