

Union Graduate College

Registration Form

*Advisor's Signature: _____ Date: _____

Part I: To be Completed by the Student:

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

Phone: (H): _____ (Cell): _____ Program: _____

Local Address: _____ 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 signature: _____

Do you receive student loans? Y___ N___

Loan type: _____ Term: _____ Amt: _____

Are you eligible for VA benefits? Y___ N___

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

Company Name: _____

Please circle one if you receive: Co. Reimbursement / Co. Billing
 _____ / _____ (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* _____ *Date*

II: To be Completed by the Student:

Course Prefix	Course #	Section
_____ - _____	_____ - _____	_____ - _____
Title: _____		
_____ - _____	_____ - _____	_____ - _____
Title: _____		
_____ - _____	_____ - _____	_____ - _____
Title: _____		
_____ - _____	_____ - _____	_____ - _____
Title: _____		

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

Please charge: \$ _____ To my: MC___ Visa___

Card #: _____ Exp.Date.: _____

Signature: _____

Part III: For Office Use

Tuition Amt.	Audit Amt.	Fees	Remission Code	Amt. Pd.	Code	Total
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Other Fees/Charges: _____

INVOICE

Balance Due 1st

Week of Class

	Total: _____
	Paid: _____
	Tuition Remission: _____
	Balance Due: _____