



REGISTRATION FORM

Student ID # _____ Name _____
Last *First*

Address _____
Street/PO Box *City* *State* *Zip code +4*

Home phone _____ Work phone _____ Cell phone _____

E-mail _____ Emergency contact _____ Phone _____

Please check one: CAUS WOM GRAD CASE NDMUOnline Other _____

Demographic information is required and only used for statistical reports: Sex: F M Date of Birth: ____ / ____ / ____

Ethnicity: Are you Hispanic/Latino Yes No Race: (you can choose one or more categories)

American Indian Asian Black or non-Hispanic Native Hawaiian or other Pacific Islander Other White

U.S. Citizen: Yes No if no, your country and U.S. Visa Status & No.: _____
Country *Visa Status/No.*

Course ID	Section	Lab	Auditing	Course title	Credit hrs.
<i>Sample: COM441</i>	<i>01</i>		✓	<i>Mass Communication Law</i>	<i>3</i>
Alternate Course Options *In the event that the above classes are full or cancelled, please list alternative choices*					
Total					

By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this registration. I have read and understand the University policies with respect to withdrawal and refunds as published. Tuition and related fees must be paid by the due date. For purposes of tuition liability, the date of withdrawal is the date the Web-Advisor action is submitted or the form is processed in the Registrar's Office.

Academic Advisor's signature/Date

Student's signature/Date

Log into WebAdvisor to make payment.