

Distance Learning Course Registration Form - Adams State University

Please complete and mail, fax or email to: ASU Extended Studies, 208 Edgemont Blvd Suite 3000 Alamosa CO 81101
 Fax: 719-587-7974 Email: exstudies@adams.edu

ALL INFORMATION IS REQUIRED - INCOMPLETE FORMS WILL NOT BE PROCESSED

ASU Student ID (900#) or Social Security Number _____ Birthdate (use numbers only mm/dd/yyyy) _____

Full Legal Name _____
Last First Middle Suffix (example Jr., Sr., III)

Prisoner ID Number _____ Male Female

Mailing Address _____
Street City State Zip Country

Permanent Address _____
Street City State Zip Country

Phone _____ - _____ E-mail Address _____

Currently, are you admitted to Adams State University? _____ No _____ Yes

If YES, are you a(n): 1. ASU On-Campus Student Yes** No 2. Distance Degree student? Yes No

 The following **Selective Service** question **must** be answered to comply with Colorado State law. If you are a male born after December 31, 1957, are you registered with the Selective Service? Yes No

Ethnic Origin – Please circle one (optional)
 1 = Non-Resident, Alien 3 = American Indian or Alaskan Native 5 = Hispanic 7 = Other
 2 = Black, not of Hispanic Origin 4 = Asian or Pacific Islander 6 = White, not of Hispanic Origin 8 = Native Hawaiian

List courses and term for which you are registering: Term: Spring Summer Fall Year: _____

Course Number	Course Title	print-based	web-based	# of credits	Course Tuition	CRN# (ASU use)	ID# (ASU use)

____ Residing outside the U.S. (include US \$40 postage charge).

Payment method: Financial Aid** VA Benefits Check (enclosed) Money Order (enclosed) Visa MC Discover

 Credit Card Account Number _____ \$ _____
 Expiration Date Total Charge Authorized

Name on Credit Card: _____ Daytime Phone _____

Billing Address _____

**By registering for a course through Extended Studies and signing this form, I acknowledge that my financial aid package may be adjusted. Please consult with the Financial Aid office for additional information.

I understand that I am responsible for all tuition/fee charges incurred as a result of this registration. I hereby certify that I am the person who has completed the information furnished on all sections of this application, and to the best of my knowledge, the information furnished on this application is true and complete. I understand that if found to be otherwise, it is sufficient cause for delay of admission, loss of credit, rejection or dismissal. I also understand that by enrolling in courses at Adams State University, I am subject to all academic policies as they relate to my enrollment including, but not limited to the Academic Integrity Policy 100-03-01. For more information regarding academic integrity, please visit https://www.adams.edu/extended_studies/undergrad/academic-integrity.php

Student's Signature (required)

Date