UNDERGRADUATE REGISTRATION FORM
FOR CREDIT & AUDIT COURSES

Student ID # _____

Registration Date _____

Center for Lifelong Learning
(570) 208-5865
Fax: (570) 208-8027

DATE: _____

Semester: Fall/Spring/Summer 20____

Check if recent change: ___Name ___Address ___Phone ___Male ___Female

Student Name:_____SS#_____
First Middle Last

Address:_____Date of Birth_____

City_____State_____Zip_____E-mail address_____

Cell Phone _____ Home/Work Phone_____

Have your filed an official application to a degree program? _____Yes _____No

(if yes, please check) _____Associate _____Bachelor_____Major

Enrollment Status:____Current _____New _____Re-Admit _____Transfer _____Visiting

Student Name (if different) at time of previous King's attendance:_____

Will this registration complete your degree or certificate? _____Yes _____No

Alumni Discount (If you or your spouse is a King's Bachelor Degree Graduate, list name on the degree and year graduated):

Name:_____Year:_____

Do you receive company benefits? _____Yes _____No Employer: _____

Course Number	Section	Credit Hours	Audit Hours	Time	Day

_____
Advisor's Signature/ Date