



UNDERGRADUATE REGISTRATION FORM

King's College
Center for Lifelong Learning
(570) 208-5865
Fax: (570) 208-8027

Student ID # _____

Registration Date _____

Semester: Summer 20_____

DATE: _____

Full-time student Part-time Visiting

Male Female

Student Name: _____ SS# _____
 First Middle Last

Address: _____ Date of Birth _____

City _____ State _____ Zip _____ E-mail address _____

Cell Phone _____ Home/Work Phone _____

Optional Data

Ethnic background (Please check only one.) Are you Hispanic or Latino? Yes No

What is your racial background? (Please check one or more.)

- American Indian or Alaska Native Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White

Enrollment Status: _____ Current _____ New _____ Re-Admit _____ Transfer _____ Visiting

Will this registration complete your degree? _____ 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

WARNING: Discontinuation of class attendance or notice to an instructor does not constitute authorized withdrawal. If you stop attending class and do not notify the Center for Lifelong Learning, you will receive a grade of "F" and be liable for all tuition charges.

Advisor's Signature/ Date _____