



One University Place, Murfreesboro, NC 27855

Registrar's Office: (252)398-6280

**Continuing Education Registration Form**

<b>Term</b>		<b>Year</b>	
-------------	--	-------------	--

**New Student:**

**Returning Student:**

**Last Name:**

**First Name:**

**Street Address:**

**City:**

**State:**  **Zip:**

**Home Phone:**

**Mobile Phone:**

**Email address:**

**Date of Birth:**

**SSN or Student ID#:**

**Citizen of US?**

**Hispanic origin?**

**Male/Female:**

**Race:**

Course Number	Course Title	CEU Credits
<b>Example:</b>		
<b>ENGL 465</b>	<b>Hobson Course</b>	<b>2</b>

<b>Student Signature</b>	<b>Date</b>

<b>Approving Signature (Dean/Provost)</b>	<b>Date</b>