

Correspondence Course Registration - Adams State University

Please complete and mail, fax or email to: Correspondence Education Program, 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 formally admitted as a degree seeking student to Adams State University _____ No _____ Yes**
 Only Adams State University Degree Seeking students and any incarcerated students may take print-based correspondence courses.

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	# of credits(Max 20 Credits)	Course Tuition and Fees	CRN# (ASU use)	ID# (ASU use)

Do you reside outside the U.S.? ___ Yes ___ No (If yes, include US \$40 postage charge). Are you a U.S. Citizen? ___ Yes ___ No

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 the Correspondence Education Program 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 certify that the information provided herein is correct. If found to be otherwise, I understand this registration is subject to rejection.

Student's Signature (required)

Date