

NOT FINANCIAL AID ELIGIBLE



Continuing Education (CEU) Registration Form

~Not to be used for Education Professional Development (EDPD) or Post-Baccalaureate Non-Degree Graduate Courses

ALL LINES MUST BE COMPLETED BEFORE FORM CAN BE SUCCESSFULLY PROCESSED

TYPE OR PRINT NEATLY

Semester Applying for: _____ 20____
(Fall/Spring/Summer)

1. Social Security Number: _____ Date: _____
2. Name (Last, First, Middle): _____
3. Address: _____
City: _____ Email: _____
State: _____ Zip Code: _____ WV County _____
4. Home Telephone: (____) _____ Cell Phone: (____) _____
5. Date of Birth: _____ Gender: _____
6. Are you a citizen of the United States? ___ No ___ Yes (Non-citizens or Permanent Resident Aliens will need to provide a copy of current immigration status (Permanent Resident Card, approval notices, form I-94, etc.).
7. Have you earned a degree? ___ No ___ Yes List Degree & Institution: _____
8. Attended Shepherd previously? ___ No ___ Yes Date: _____
9. List all previous names: _____
10. Have you registered with the Selective Service? ___ No ___ Yes ___ Not Required
(Almost all male U.S. citizens, and male aliens living in the U.S., who are 18 through 25, are required to register with Selective Service)
11. * Ethnic Group: ___ American Indian or Alaskan ___ Black ___ White ___ Hispanic ___ Asian or Pacific Islander
**This question is optional. The University asks for this information to allow it to submit statistical data to the federal and state government on a regular basis. Your eligibility to register will not be impaired if you choose not to answer this question.*
12. Plan to work toward a degree at Shepherd? ___ No ___ Yes (If Yes, please contact the Graduate Studies Office).

COURSE REGISTRATION

Complete all blocks for each class listed

CRN#	Subject	Course#	Sec.	Day	Time	Course Title	Credits	Audit
TOTAL:								

I certify that all statements in this application are complete and true. I further understand that any willful misrepresentation of information given in this application may be grounds for denial of my registration or dismissal.

Signature: _____

Date: _____

Directory information may be released on enrolled students unless the student requests in writing to withhold this information.

Call to pay at 304-876-5284.
Shepherd University School of Graduate and Professional Studies
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