

Semester: Fall Spring Summer

Year: 20_____

Norwich University

Continuing Education Registration for Non-Degree Students

Student Name: _____ **Student SS#:** _____

Are you a Norwich employee Dependent of a NU employee

Have you previously taken courses at Norwich? Yes No **Student ID A#:** _____

If **Yes** – when: _____

Did you ever attend NU under a different Name? _____
Other Name

Home Address: _____

Home Phone: _____ Work Phone: _____

Work Address: _____

The following responses are voluntary, will be kept confidential, and will not be used to deny access or admission. This information will, however, assist the university in providing data to demonstrate compliance with federal regulations.

Sex: Male Female Date of Birth (mo/da/yr): _____

Race/Ethnic: African American Asian/Pacific Islander Hispanic
 American Indian/Alaskan Native Caucasian

Citizenship: U.S. Citizen Foreign National _____
Country of Citizenship

CRN#	Course Number	Course Title	Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I agree to abide by all University Rules and Regulations

Signature of Student

Date

Registrations based on space available in courses

Course Listing: www.norwich.edu/academics/registrar/
Payment: www.norwich.edu/bursar/

Processed by: Initials

Return this Form to the Registrar's Office

Student Signature

Date

Revised 2/08