

**UNIVERSITY OF NORTHERN COLORADO
OFFICE OF EXTENDED STUDIES**

PROFESSIONAL DEVELOPMENT COURSE REGISTRATION

How to Register

Note: Upon enrollment of the course, you will receive a registration confirmation in the mail within five business days.

By Phone

Toll free: (800) 232-1749
(970) 351-2944

Email (Complete and Scan Form)

esinfo@unco.edu

By FAX

(970) 351-2519

In-Person

UNC Campus: Michener Library, Room L50 8:00-5:00pm Mountain Time*
For driving directions, link to the UNC map: <http://www.unco.edu/uncmap/>

Mail

University of Northern Colorado, Office of Extended Studies, CB 21, Greeley, CO 80639.

Payment

You will be billed by the Accounts Receivable office at UNC. Nonpayment of tuition will result in a hold on future registrations and submission of delinquent accounts to a collection agency. UNC will not permit transcripts to be ordered before receiving full payment.

All monetary amounts found on this web site are in U.S. funds.

Registration Confirmation (Receipt)

Your registration is not complete until it has been reviewed and processed by our staff. This includes checking for holds, processing payment, and reviewing eligibility. If holds exist, you will be contacted immediately by phone or email.

All students will receive a confirmation letter which verifies your enrollment in the class or classes. Review the information in your confirmation for additional information about your course(s). Retain this confirmation for your records. The confirmation does NOT guarantee the course will be taught.

*except official University of Northern Colorado holidays and other dates or times posted at our facility

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Registration Form

Please use blue/black pen when filling out this form. Please fax this form to: (970) 351-2519 or mail to: Office of Extended Studies, CB 21, University of Northern Colorado, Greeley, CO 80639.

Social Security Number* ____/____/____ or **UNC Bear/ID Number** _____ **Birth Date** ____/____/____
Month Day Year

Full Legal Name _____
Last First Middle Suffix (example Jr., Sr., III)

Sex: Male Female / Marital Status: Married Single / Earned a Bachelor's degree? yes no

Attended UNC before? yes no If yes, any former or maiden name under which previously registered? _____

You MUST answer the following question or your application for registration may be delayed: Have you ever been convicted of a felony, made a plea of guilty, accepted deferred judgment, been adjudicated, or been required to register as a sex offender? (misdemeanor traffic violations are exempt.) YES NO If yes, you must email explanation (to: esinfo@unco.edu -- put your name in the subject line box) or mail to: OES, CB 21, UNC, Greeley, CO, 80639. [The information is forwarded to the UNC Police for verification. We will inform the student if their registration is rejected.]

Street _____

City _____ **State** _____ **County (if Colo.)** _____ **Zip** _____

Citizenship: U.S. Non-U.S. If not a U.S. Citizen, what type of visa do you have? _____
Visa Number _____ Date of Issuance _____

Home Phone _____ **Day-time Phone** _____

E-Mail Address _____ (Cannot register for an on-line course without one.)

Course(s) For Which You Are Registering: Summer Fall Winter Interim Spring

Registration is for: Independent Study Professional Development Non-Credit

Instructor	Title	Course Identification Prefix/Number/Section #	Credit Hours

For University records, we need to classify you as a resident or non-resident of Colorado. Non-Resident _____

Please complete the following information if you are claiming Colorado residency:

Do you maintain a home in another state? No ____ Yes ____ Dates of continuous physical presence in Colo. ____ to ____
Date Colo. Driver's License first issued. ____ Last 3 years of Colo. Motor vehicle registration ____, ____, ____
Date current Colo. Driver's License issued. ____ Dates of employment in Colo. ____ to ____
Date of Colo. voter registration. ____ Dates of military service, if applicable ____ to ____
Date of purchase or lease of Colo. Res. Property ____ Last 3 years of Colo. Income tax was filed ____, ____, ____
Dates of extended (1 or more months) absence from Colorado ____ to ____
If under age 21: Dates of marriage. ____ If parents are separated or divorced, which one lives in Colo. Mother ____ Father ____

IMPORTANT Withdrawal reminder: In accordance with University and Colorado Commission on Higher Education policy, if you drop this class after the course starts you will be assessed a drop fee. The drop fee is pro-rated up to the half-way point in the class. You are legally responsible for payment of full tuition once 50% of this course has been concluded. In order to be eligible to receive any refund of tuition, you must contact the Office of Extended Studies at 1-800-232-1749 to formally withdraw from your class. Your refund, if applicable, will be based on the date of contact with our office. Withdrawals received via telephone during non-business hours will be processed and dated on the next working day. Failure to notify us will result in UNC tuition being owed even though you do not attend or complete the coursework. I understand and agree to this policy _____ (initials/date)

The following information is required for University statistical records.

YES	NO	
		Hispanic or Latino Ethnicity (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture)
	1	Black or African American
	2	American Indian or Alaska Native

3	Asian
4	Native Hawaiian
5	White
6	DO NOT WISH TO PROVIDE

***Use of Social Security Numbers:** Providing a Social Security Number (SSN) is voluntary and is not required for enrollment at UNC. However, the University is required by federal law to report to the Internal Revenue Service (IRS) the name, address and SSN of individuals from whom tuition and expenses are received and/or to whom compensation is paid. The SSN is required from individuals applying for and receiving financial aid, including scholarships and third party payments, and student employment; utilizing banking services; health services or the student health insurance program. The University will not disclose a SSN for any purpose not required by law without the consent of the student.

Office use only: Date received: _____ taken by: (initial) _____ Amount Paid: _____ how _____ Up on Banner _____ (initial) ____ date Manager _____ (initial) ____ date Class cncl'd – student notified _____ (initial) ____ date
