



Registration Card

(Please complete all information requested with a ball point pen.)

PRESS HARD

Date _____

Semester: _____ Year: _____

Banner A# (If you don't have an A#, Provide your SSN)	Last Name	First Name	Middle Initial
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Street	City	State	Zip
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Primary Contact Phone Number	E-mail Address (required)
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Date of Birth <small>Day / Month / Year</small>	Class Rank <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status (optional) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No (Non-Resident Alien)
Source of Payment <input type="checkbox"/> Self <input type="checkbox"/> Financial Aid <input type="checkbox"/> TIP <input type="checkbox"/> Third Party <input type="checkbox"/> Athletics	Have you ever enrolled at USU under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter name(s) used: _____	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Race (Select one or more) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	

CRN	Dept.	Course #	Sec.	Credits	Audit	Course Title	Instructor	Location	Day	Time

By registering for courses, you have assumed a debt to the University. Until you make payment or the course(s) is/are dropped, this debt will remain on your account. The course(s) may not be dropped automatically in the event of non-payment. **You are responsible for the academic and Financial obligations incurred by your registration.** NOTE: Independent Study percentages for drop deadlines are calculated by TIME completed, NOT by course work completed.

Signature _____

Tuition/Fees	Amount Paid	Balance Due	<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	Registered by & Date
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