

University of New England

CAS COURSE REGISTRATION FORM

University Campus / 52 Decary / 11 Hills Beach Road / Biddeford, ME 04005 / PHONE: 207-602-2050 / FAX: 207-602-5909

Name: (Last) _____ (First) _____ (MI) _____ (Previous Name) _____

PRN or SSN _____ Date of Birth _____ Prev. College Attended / Highest Degree Earned _____

Home Address _____ City _____ State _____ Zip _____

Telephone (Home) _____ Telephone (Cell) _____ E-Mail _____

Currently attending another university? No Yes If Yes, university & major: _____

Have you ever taken courses at UNE? No Yes How did you hear about UNE Continuing Education? _____

CRN	Course #	Section	Course Title (attach prerequisite verification if necessary)	# Credits	Lab Fee

TUITION AND FEES:

Registration Fee per semester (non-refundable) \$10.00
 Undergraduate Tuition (\$310 per credit hour) _____
 Graduate Tuition (\$500 per credit hour) _____
 TCP Graduate (\$500 per credit hour) _____
 Online EDU Grad (\$500 per credit hour) _____

 Directed Study Undergraduate (\$670 /credit hour) _____
 Directed Study Graduate (credit hour rate of major) _____
 Audit/CEU Undergraduate (\$310 per course) _____

 Lab fees _____
 Total amount due with registration _____

PAYMENT OPTIONS:

Cash must be deposited directly to Student Accounts by the student.

1. Check enclosed _____ (**Payable to: University of New England**)
2. Bill my: MasterCard / VISA / Discover (circle one)

_____ Credit Card Number _____ V code _____ Expiration Date _____

Credit Card Holder: _____

Billing Address: _____

Billing Telephone: _____

3. Institution Purchase Order #: _____ (please attach)

Disclaimer: You have read and fully understand the prerequisite courses and/or knowledge required for the courses for which you are registering and furthermore believe that you meet these requirements. You also have read and understand the policies and procedures regarding add/drop, withdrawal and course cancellation. Your registration will not be processed without this acknowledgement.

Signature: _____ **Date:** _____

Reg. Received:	Reg. Completed:	Copy to S.A:	ID Ordered:	Welcome Packet Mailed:
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