

**UNIVERSITY OF MARYLAND, COLLEGE PARK
DISTANCE EDUCATION TECHNOLOGY & SERVICES
REGISTRATION FORM**

LAST NAME	FIRST NAME	MI																																																															
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Day Phone No. _____
 Evening Phone No. _____
 Email Address _____

MAILING ADDRESS: <input type="checkbox"/> Check if this is a new address		
Street	Apt.	City
County	State	Zip

Male Female Fall 20 _____
 Spring 20 _____
 Summer 20 _____

STATUS:

STUDENT LOCATION: _____

DEPARTMENT: _____

DEGREE/CERTIFICATE SOUGHT:	<input type="checkbox"/> Graduate Cert. Engr. (GCEN)	<input type="checkbox"/> Adv. Special Student (GRAD)
	<input type="checkbox"/> Master of Science (MS)	<input type="checkbox"/> Master of Engineering (ME)
	<input type="checkbox"/> Doctor of Philosophy (PhD)	<input type="checkbox"/> Bachelor of Science (BS)
	<input type="checkbox"/> Non-Degree Undergraduate	<input type="checkbox"/> Other: _____

A letter of permission is required when enrolling in DETS courses offered through another campus of the University of Maryland, other than your home campus. Permission is obtained from the Dean of your college (or academic advisor at UMUC) and must be submitted at the time of registration.

COURSE REQUESTS:

	DEPT PREFIX	COURSE NO.	COURSE SUFFIX (IF ANY)	SECTION NO.	GRADING METHOD	CREDIT
1.						
2.						
3.						
4.						
5.						

I understand that this request for courses obligates for tuition charges and if I later decide not to attend classes I must cancel my registration in writing PRIOR TO THE FIRST DAY OF CLASSES or pay all University penalties and schedule adjustments fees for cancellation thereafter.

STUDENT'S SIGNATURE _____ DATE _____