FAX AND MAIL-IN REGISTRATION FORM

CONTINUING EDUCATION AND EXTENDED STUDIES OFFICE • KEENE STATE COLLEGE • 229 MAIN STREET • KEENE, NH 03435-2605 • 603-358-2290 • FAX 603-358-2569 • CONTINUING-ED@KEENE.EDU

SOCIAL SECURITY NUMBER *(used as a unique identifier for academic records purposes):* ___ – __ – ____

BIRTH DATE: ____ MO DAY YR

TODAY'S DATE: ____ MO DAY YR

CURRENT NAME: LAST _____ FIRST _____ MI ___ SUFFIX ___

OTHER NAMES USED AT KSC: LAST _____ FIRST (FULL) _____ MI ___

PERMANENT ADDRESS:
STREET/RFD/BOX _____
CITY/TOWN _____ STATE ___ ZIP _____ – ____

MAILING ADDRESS IF DIFFERENT:
STREET/RFD/BOX _____
CITY/TOWN _____ STATE ___ ZIP _____ – ____

HOME PHONE (with area code) _____ ❑ DAYTIME PHONE (with area code) _____ ❑ CELL PHONE (with area code) _____ E-MAIL ADDRESS _____

❑ Check here if you are interested in applying for admission to Keene State College.

PRIVACY ACT INFORMATION: ❑ Directory Information Allowed ❑ Partial Restriction ❑ Full Restriction

If you wish to **restrict** the release of directory information, please sign below (see page 46 for details).

Signature _____ Date _____

CHECK APPROPRIATE BOXES
❑ Resident of N.H. ❑ Not a resident of N.H.
SEX: ❑ Male ❑ Female
VETERAN: ❑ Yes ❑ No
U.S. CITIZEN: ❑ Yes ❑ No
IF NON-U.S. CITIZEN, PLEASE SPECIFY:
❑ Nonresident Alien:
Visa Status_____
❑ Resident Alien:
Country of Citizenship_____
ETHNICITY (Select one or more):
1. Are you Hispanic or Latino?
❑ Yes, go to question #2 ❑ No, go to question #3
2. Which of the following best describes your Hispanic origin or descent? Mark (X) one
❑ Mexican or Chicano
❑ Puerto Rican
❑ Cuban
❑ Other Hispanic – Specify _____
3. What is your racial background?
Select one or more
❑ American Indian or Alaska Native
Specify tribal affiliation(s) _____
❑ Native Hawaiian or other Pacific Islander
❑ Asian
❑ Black or African-American
❑ White
DEGREE(S) YOU HOLD:
❑ Associate ❑ Doctoral
❑ Bachelor's ❑ Other
❑ Master's ❑ None
CURRENTLY ADMITTED TO A DEGREE PROGRAM AT KSC?
❑ Yes ❑ No
PREVIOUSLY TAKEN COURSES AT KSC?
❑ Yes ❑ No Last Date Attended_____

COURSES FOR CREDIT & AUDIT

COURSE DEPT.	COURSE NUMBER	COURSE SECTION	# OF CREDITS	COURSE TITLE	AUDIT	FALL (SEPT.)	SPRING (JAN.)	SUMMER I	SUMMER II	FULL SUMMER		
											TUITION	
											CONTINUING EDUCATION FEE	
											LATE FEE	
											NET BALANCE DUE	

NON-CREDIT COURSES

			0		NA							
			0		NA							

Parking decals are required for all day and evening students. Contact the Continuing Education Office for information about rules, regulations, and fees at 603-358-2290.

X _____
Student's Signature

❑ Enclosed is my check for $ _____ ❑ Charge $ _____ to my credit card.
(I have authorized credit card payment below.)

Cardholder's Signature _____ Cardholder's Billing Address if different from above _____

Account Number SPECIFY: ❑ VISA ❑ MasterCard _____ Exp. Date _____

■ **Mail-in registration for weekend and late-starting courses will be accepted until the day those courses begin. Early registration is encouraged; underenrolled courses may be cancelled.**

Continuing Education at Keene State College grants enrollment in credit courses to all students who hold a high school diploma or equivalent (or bachelor's degree in the case of graduate level courses) and who have demonstrated successful academic performance. The College reserves the right to reject or withdraw a student who, upon request, fails to provide proper documentation of these requirements or who demonstrates unacceptable performance once enrolled.

SPECIAL NEEDS: If you have a disability that may require a specific academic accommodation, please contact the Continuing Education Office prior to the start of the course.

rev 6/08