

COURSE REGISTRATION FORM

Please print or type all information requested and review responses for accuracy.

Current Legal Name				
Last (Family) Name	First (Given) Name	Middle Initial		
Birth/Maiden Name (if different from current last name)				
Other name(s) by which you may have been identified in relevant	academic records			
Permanent Address				
Number and Street		Apt. or Suite Number		
City	State	Zip Code Country (if not USA)		
Mailing Address (if different from permanent address	s)			
Number and Street		Apt. or Suite Number		
City	State 2	Zip Code Country (if not USA)		
Phone Numbers (please circle "D" for day or "E" for	evening)			
Area Code ()	(D/E) Area Code ()	(D/E)		
Home Phone	Business Phone	Business Extension		
Please answer both questions (a) and (b) below. (a) Are you Hispanic or Latino/Latina? Yes (b) Please select the racial/ethnic group(s) you (you may select more than one): American Indian or Alaska Native Asian If you are currently serving in the United States Arm 10 Army - Regular 25 Navy - Rese 15 Army - Reserves 30 Marines - R	No Didentify with regardless of your ans Black or African American Native Hawaiian or Other Pacific Islanded Services, please enter the code erves 40 Air Force – Re	wer to the above question White ander number of the branch: gular 55 Coast Guard – Reserves		
20 Navy – Regular 35 Marines – R	eserves 50 Coast Guard –	Regular 65 National Guard – Air		
Zip code of military base		_		
MOS, NER, CGR, etc.	Pay Grade			
Other military status: Military veteran Military veteran Dept. of Defense civilian en Dept. of Defense	its, please enter the code number of stance 105 Survivors' and Department of Educational Assist Program (Chapter	nendents' 110 Post-9/11 (Chapter 33) ance 115 Vocational Rehabilitation		
Have you used your benefits previously? Yes \Box	No If not, have you comp	leted VA form 22-1990? Yes No		
If you have used your benefits and are changing parent schools, have you completed VA form 22-1995? Yes No				
If you answered No , please complete the correct form online at www.gibill.va.gov .				

Spring Trimester

Spring 15-Week

January 13, 2020-April 26, 2020

REGISTRATION DEADLINE: JANUARY 10, 2020

Spring I 8-Week

January 13, 2020-March 8, 2020

REGISTRATION DEADLINE: JANUARY 10, 2020

Spring II 8-Week

March 9, 2020-May 3, 2020

REGISTRATION DEADLINE: MARCH 6, 2020

Enter the course(s) prefix and se	lect the term length and delivery mode you are registeri	ng for (e.g., SC	OC 163, Spring II 8-week, Online)	
Course Prefix and Number:	Term: □ Spring 15-week □ Spring I 8-week □	Spring II 8-week	Delivery Mode: □ Online □ CD-ROM	
Course Prefix and Number:	Term: □ Spring 15-week □ Spring I 8-week □	Spring II 8-week	Delivery Mode: \square Online \square CD-ROM	
Course Prefix and Number:	Term: □ Spring 15-week □ Spring I 8-week □	Spring II 8-week	Delivery Mode: \square Online \square CD-ROM	
Course Prefix and Number:	Term: □ Spring 15-week □ Spring I 8-week □	Spring II 8-week	Delivery Mode: \square Online \square CD-ROM	
Username:		-		
_	ns for <i>all</i> courses sent without a username cannot be pros, please email TechSupport@excelsior.edu.	ocessed.		
Payment				
You are responsible for all tuition and in U.S. dollars drawn on a U.S. bank. Excelsior College, Student Payment C	ration Form, be sure to include payment or a Military Tuition A fees not covered by Tuition Assistance. Make your check or m Do not send cash. Payment may be made by check, money ord Office, 7 Columbia Circle, Albany, NY 12203-5159 or fax to 518 608-8135 or emailed to milta@excelsior.edu.	oney order payal er, or credit card.	ble to Excelsior College . Mail completed information to	
	COSTS		_	
	TUITION			
	Undergraduate course tuition:	\$510	_	
	Military Active Duty/National Guard/Reservists/Military Undergraduate course tuition per credit	\$250		
	Graduate course tuition:	\$645	_	
	• Military Active Duty/National Guard/Reservists/Military Graduate course tuition per credit	tary Spouses \$295		
	TECHNOLOGY FEE			
	Undergraduate and Graduate: per course credit and per exam	\$20		
	 Military Active Duty/National Guard/Reservists/Military per course credit and per exam 	tary Spouses \$0		
	NON-MATRICULATION FEE (PER COURSE)			
	Applies to all non-matriculated students:	\$20 per cours	se	
Signature and Date I certify that the above statements are true and correct. I understand that false information may result in dismissal from the College and that it is my responsibility to submit a complete package. I agree that I will comply with and be bound by all requirements and policies of the College, as set forth in this form and the Student Policy Handbook. My signature authorizes Excelsior College to change the email address included in my student records to the email address on page 1 of this form if it does not match what is currently on my student records.				
Signature:		Date:		
	I is attached for the Excelsior College course tuition no (check, money order, or completed charge au	t covered by M		
Charge Card Authorization:	(check, money order, or completed charge at	monization)		
I authorize Excelsior College to charge (or the current fee at the time this form is received by Excelsior College) to my:				
☐ MasterCard ☐ Visa ☐	American Express Discover			
Credit Card Account Number:		Expiration	n Date:	
Signature of Cardholder:				

Excelsior College is committed to providing a learning and working environment that is free from illegal discrimination based upon an individual's race, ethnicity, national origin, age, religion, marital status, familial status, gender, gender identity, sexual orientation, physical or mental disability, genetic information or military or veteran status. Illegal discrimination in any form will not be tolerated at the College. Portions of this publication can be made available in a variety of formats upon request.