



Community Ed Registration Form

351 West University Blvd. CC 103 Cedar City, UT 84720
Toll Free 888.874.2202 435.865.8579 FAX 435.865.8087

Date:

Personal Information

SSN #: - -	Last Name:	First Name:	Middle Initial:
Address:		City:	State: Zip:
Phone #(s):	Email:	Birthplace (City, State):	Birthdate (mm/dd/yyyy):

Class Registration

Academic Year:	Semester: <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring	Registration for: <input type="checkbox"/> Credit Course(s) <input type="checkbox"/> Non-Credit Course(s)
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Department (i.e. CPS):	Course #:	Section #:	Course Name:	Credit Hours:	Instructor:	Cost:
[1]						\$
[2]						\$
[3]						\$
[4]						\$
[5]						\$
[6]						\$

Total \$:

Student Cost:

Amount Paid:

Balance Due:

Payment Information