

COURSE REGISTRATION

National Technological University
 700 Centre Avenue
 Fort Collins, CO 80526-1842
 1-800-582-9976
 Fax: 970-498-0501

(USE BLACK INK)
 ONLY COMPLETE, LEGIBLE & SIGNED APPLICATIONS WILL BE PROCESSED.

Name: _____ **Soc.Sec.No.** _____ - _____ - _____
Last First Middle Suffixes (Jr., St., II)

Organization: _____
Name Address City State Zip Code

Internet E-Mail _____ **Business Phone** _____ **Fax** _____

CONTINUING NTU STUDENT - check this box if you have previously registered for an NTU credit course.
 NEW NTU STUDENT - check this box if you have not previously registered for an NTU credit course. (Be sure to complete sections II and IV of this form.)
 APPLYING TO A NTU MASTER'S DEGREE PROGRAM (Be sure to fill out section V of this form.)
 ADMITTED STUDENTS ONLY: Term graduation requirements are expected to be completed: _____

(I) REGISTRATION

Academic Term _____ Fall Qtr/Sem _____ Winter Qtr/Spr Sem _____ Spring Qtr _____ Summer Term

List course(s) for which you wish to register:

NTU Course Number	NTU Course Title	Credit or Audit?	NTU Sem. Cr. Hrs.	Name of Teaching Institution	Teaching Inst. Course No.

You will receive registration confirmation from NTU within 10 days. Be sure to check for accuracy. If confirmation is not received, contact NTU admissions & Records.

(II) BIOGRAPHICAL INFORMATION

NOTE: This section must be completed by all NEW students, CONTINUING students may use this section to report any changes to their biographical information.

Home Address: _____

Home Phone: _____

Date of Birth: _____ **Place of Birth:** _____ **Citizenship** _____

Ethnic Origin (Optional): 1 American Indian or Alaskan Native 2. Black, Not of Hispanic Origin 3. Asian or Pacific Islander
 4. Hispanic 5. White, Not of Hispanic Origin 6. Other **Sex:** Male Female **Veteran of U.S. Armed Forces?** Yes No

I certify that the information contained herein is true and complete. I understand that I will not receive a transcript or grade if my tuition is not paid. I authorize NTU to provide my academic record to my site coordinator, advisor, and authorized persons at teaching institution(s); and release my work phone and e-mail to classmates to enhance student interaction. I have read the course description(s) and meet the stated prerequisites for the courses in which I wish to register. NOTE: Students registering for graduate engineering courses must have successfully completed courses in calculus and differential equations.

STUDENT SIGNATURE _____ **DATE** _____

(III) PAYMENT SCHEDULE (Required)

Tuition is due and payable with this registration form.. See tuition and Fees in the Class Schedule for rates.

To calculate tuition amount:

Tuition Rate: \$ _____ x number of credits _____ = Tuition Total: \$ _____
 Tape Fees (Includes all tapes for registered courses) ** \$450/Course \$ _____
Grand Total: \$ _____

My tuition and fees are to be paid by:
 The enclosed check - U.S. Funds only (if mailed)

Credit Card Number _____ Expiration Date: _____

American Express Discover MasterCard VISA

I hereby authorize NTU to charge the above credit card for my tuition and tape fees.

Signature _____ Date _____

** Tape Fees include delivery in the United States. For international tape fees please call Debi Colbert at (970) 495-6422