



REGISTRATION FORM

(By Permission Only)

SCHOOL OF INTEGRATIVE AND ENGAGED LEARNING
ACADEMIC ENRICHMENT PROGRAM (K12 PROGRAMS)

351 W. University Blvd. COC

Cedar City, UT 84720

PHONE: (435) 865-8085 FAX: (435) 865-8548

Note: Form Must Be Filled Out COMPLETELY or It Will Not Be Processed

Date _____

School Year _____ Summer Fall Spring

Social Security Number	Last Name	First Name	Initial
Permanent Mailing Address	City	State	Zip Code
Phone Number(s)	County of Residence	Birthdate (month/day/year)	
E-mail Address			

Demographic Information

Gender: Male Female
 Marital Status: Married Single
 U.S. Citizen? Yes No
 Utah Resident? Yes No

Ethnic Background

Native American African American
 Hispanic Pacific Islander
 Caucasian Asian
 Other _____

Please List Last School Attended:

School	Dates Attended	Degree Awarded

***By signing this form, I understand that once my paperwork (registration form and payment) has arrived complete in the K12 program's office it will take 4 weeks for the registration process to be completed.**

SIGNATURE OF STUDENT _____

Class Registration

Name of Course	Department	Course #	Section #	Credit Hrs.	Instructor	Cost
Total						

Method of Payment

Check or Money Order only, credit cards are no longer accepted.

Note: Form must be filled out COMPLETELY or it will not be processed.

Revised 1/28/2016

FOR OFFICE USE ONLY

Check # _____

Date _____

Cashier _____