Governors State University

NOT FOR CREDIT ONLY
Center for Extended Learning and Communications Services

NOT FOR CREDIT REGISTRATION FORM

Place comma and one space after last name, and one space after first name

NAME _____ (LAST / FIRST / MIDDLE)

Database: _____
By: _____
Mkt: _____
By: _____

SOCIAL SECURITY NO. _____ **F** FEMALE **M** MALE (CIRCLE ONE) BIRTHDATE _____ (MO. DAY YR.)

APT. # ONLY _____ NUMBER & STREET _____

CITY _____ ST. _____ ZIP CODE _____

HOME AREA CODE & PHONE NO. _____ _____

BUSINESS AREA CODE & PHONE NO. _____ _____

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Would you like to receive more information on GSU? ❑ Yes ❑ No

Fax: _____ E-mail: _____

I wish to enroll for: ❑ FALL ❑ WINTER ❑ SPRING/SUMMER 20_____

(CHECK ONE)

	INDEX NO.	COURSE TITLE	
☐ NOT FOR CREDIT/WITH CEUS ☐ NOT FOR CREDIT/WITHOUT CEUS			
☐ NOT FOR CREDIT/WITH CEUS ☐ NOT FOR CREDIT/WITHOUT CEUS			
☐ NOT FOR CREDIT/WITH CEUS ☐ NOT FOR CREDIT/WITHOUT CEUS			
		TOTAL:	

FULL PAYMENT MUST ACCOMPANY YOUR REGISTRATION.
SEND CHECK OR MONEY ORDER, OR PROVIDE VISA/MASTERCARD INFORMATION BELOW.
PLEASE MAKE CHECKS PAYABLE TO **GOVERNORS STATE UNIVERSITY.**

FOR CREDIT CARD PAYMENT: ☐ VISA ☐ MASTERCARD (CHECK ONE)

ACCOUNT NUMBER _____ EXPIRATION DATE ___/___ $ _____ AMOUNT TO BE CHARGED

NAME ON CARD _____ AUTHORIZED CARDHOLDER'S SIGNATURE _____ DATE

MAIL TO: Division of Extended Learning, Governors State University, University Park, Illinois 60466-0975.
Fax to: 708-534-8458.