

**UNIVERSITY OF MARYLAND, COLLEGE PARK**  
**DISTANCE EDUCATION TECHNOLOGY SERVICES**  
**REGISTRATION FORM**

LAST NAME	FIRST NAME	MI

SOCIAL SECURITY NUMBER

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Male       Female

Check if this is a new address

Day Phone No. \_\_\_\_\_  
 Evening Phone No. \_\_\_\_\_  
 Email Address \_\_\_\_\_

<b>MAILING ADDRESS:</b>		
Street	Apt.	City
County	State	Zip

**STATUS:**  
 STUDENT LOCATION: \_\_\_\_\_  
 DEPARTMENT: \_\_\_\_\_

DEGREE/CERTIFICATE SOUGHT:

<input type="checkbox"/> Graduate Cert. Engr. (GCEN)	<input type="checkbox"/> Adv. Special Student (GRAD)
<input type="checkbox"/> Master of Science (MS)	<input type="checkbox"/> Master of Engineering (ME)
<input type="checkbox"/> Doctor of Philosophy (PhD)	<input type="checkbox"/> Bachelor of Science (BS)
<input type="checkbox"/> Non-Degree Undergraduate	<input type="checkbox"/> Other: _____

**COURSE REQUESTS:**

	DEPT PREFIX	COURSE NO.	COURSE SUFFIX (IF ANY)	SECTION NO.	GRADING METHOD	CREDIT
1.						
2.						
3.						
4.						
5.						

**EXAM PROCTOR:**

NAME: \_\_\_\_\_

Title: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

**EXAM PROCTOR CONTACT INFORMATION:**

EMAIL: \_\_\_\_\_

FAX #: \_\_\_\_\_

PHONE #: \_\_\_\_\_

I understand that this request for courses obligates for tuition charges and if I later decide not to attend classes I must cancel my registration in writing PRIOR TO THE FIRST DAY OF CLASSES or pay all University penalties and schedule adjustments fees for cancellation thereafter.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*A letter of permission is required when enrolling in DETS courses offered through another campus of the University of Maryland, other than your home campus. Permission is obtained from the Dean of your college (or academic advisor at UMUC) and must be submitted at the time of registration.