



Professional & Continuing Studies

Credit Course Registration Form— High School Contract Classes

☐ FALL ☒ SPRING

850 Library Avenue, Newark, DE 19716 • Phone: 302-831-8792 • Fax: 302-831-2789 • Email: entrexlab@udel.edu

	COURSE ID NO.										CR HRS	(Please check one)			COURSE TITLE
	Dept.				Course #			Section #				CR	P/F	AU	
SAMPLE	H	I	S	T	2	0	6	4	1	0	3	✓		U.S. HISTORY	
1.															
2.															
3.															

DATE OF BIRTH

STUDENT UD ID NUMBER (if known) _____

_____/_____
MONTH YEAR

GENDER ☐ MALE ☐ FEMALE

IF NO UD ID NUMBER, COMPLETE THIS: www.udel.edu/quickbio (Call 302-831-8792 for assistance if unable to complete.)

COMPLETE LEGAL NAME: _____
LAST FIRST MIDDLE

ADDRESS
STREET _____

CITY _____ STATE _____ ZIP _____

CURRENT EMAIL ADDRESS _____

HOME PHONE

AREA CODE															

 DAYTIME/CELL PHONE

AREA CODE															

NAME OF HIGH SCHOOL _____

HOW ARE YOU MOST COMFORTABLE DESCRIBING YOURSELF?

- ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Caucasian/White ☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander ☐ Multiracial ☐ Nonresident alien ☐ Other

I give the University permission to register me in the above courses and release my grades for the courses to my high school. I understand that, by being enrolled in University of Delaware courses, I am subject to University policies and procedures and will have a University academic record.

Signature of Student _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of School Representative _____ Date _____