



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](http://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 \_\_\_\_\_