DELAWARE VALLEY COLLEGE

CONTINUING EDUCATION REGISTRATION

TERM (Check One of the Following):

□ Fall - □ JanTerm - □ Spring - □ Sum 1 - □ Sum 2 - □ WeekEnd

Date: _____

DO NOT WRITE IN THIS SPACE

□ C

□ AD
□ AE
□ AS

Entered □

			-----			-----				

Social Security Number

PLEASE PRINT

Last Name | First Name | MI

Street | City | State | Zip

Day Phone # | Evening Phone # | Email Addres

□ Check here if address has changed since last registration

Date of Birth: Month ____ Day ____ Year ____

□ Male
□ Female

Have you previously taken a credit course at Delaware Valley College? □ Yes □ No

When? Last Semester ____ Year ____

Are you a high school graduate? □ Yes □ No

If not, did you complete your GED? □ Yes □ No

National Ethnic Origin*

□ American Indian or Alaskan native
□ Asian or Pacific Islander
□ White
□ Hispanic
□ Black
□ Other

Are you applying for State or Federal Aid? (Financial Aid Promissory Note must be returned to the Bursar's Office.) □ Yes □ No

COURSE NUMBER	TITLE	EVE/DAY	TIME

Student Signature _____ DATE _____ G.I. BILL FILE #: _____

PLEASE CHARGE MY TUITION & FEES TO:

□ MasterCard □ Discover □ Visa □ AmExp

Tuition $ _____

Technology Fee **$10.00/per course** $ _____

Registration Fee **($50.00 late fee after deadline)** $ _____

Lab Fee**--$70.00** $ _____

Total Due $ _____

Charge Number _____ 3 or 4 digit security code

Expiration Mo./Yr _____ $ _____ Amt. To Be Charged

Return To**:** **Office Of The Registrar**
Delaware Valley College
700 East Butler Avenue, Doylestown, PA 18901
CALL 215- 489-2973 / FAX TO 215-230-2962

*DVC is required by Federal law to submit racial/ethnic data under Title VI of the Civil Rights Act of 1964