

TSU Non-Credit Registration Form

Date/Fecha: _____

Name/ Nombre: _____
 (Last) / (Apellido) (First) / (Nombre) (Middle Initial)

Address/ Dirección: _____
 (Street) / (Calle) (Apt. #)

 (City) / (Ciudad) (State) / (Estado) (Zip)

Home Phone/ Teléfono del hogar: () _____

Work Phone/ Teléfono del trabajo: () _____

Cell Phone/ Teléfono celular: () _____

Email Address/ Correo electrónico: _____

Course #: (if provided)	Course Title	Course Date(s)	Registration Fee
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Total Class Fee: _____

Payment Information:

Credit Card # _____ - _____ - _____ - _____

Exp. Date ____/____/____ Security # _____

Card Type: Visa Mastercard (circle one) Note: Discover & AmEx are not accepted.

Cardholder Name: _____

Cardholder's Signature: _____ Total Amount Charged: _____

Checks & Money Orders should be made payable to: **Tennessee State University. Send payment to:** Tennessee State University, Continuing Education, 330 10th Ave. North, Nashville, TN 37203-3401 or fax to: 615-963-7007.

Please note: Requests for refunds MUST be made three (3) working days prior to the start of class.

For demographic and identification purposes only (SS# or Birthdate are required to retrieve student records):

Social Security #: _____ - _____ - _____ **Birthdate:** ____/____/____

Race/Ethnicity : (circle one) 1. White Non-Hispanic 2. Black Non-Hispanic 3. Hispanic 4. Asian
 5. Native American 6. Bi/Multiracial: _____

I certify that the information on this registration is correct and complete. I understand that non-attendance and/or failure to file all registration changes in writing with TSU's Department of Continuing Education does not relieve me of responsibility for fee charges incurred. (Yo certifico que la informacion en esta registracion esta correcta. Yo entiendo que no asistir y/o fallar de hacer cambios de registracion por escrito con este departamento no me releva de pagar los cargos inquiridos.)

 (Student's Signature)

 (Date)