CREDIT ONLY

EXTENSION REGISTRATION FORM

(for enrollment in **Extended Learning** classes only)

Governors State University

Name _____ **SSN*** _____

Last First M.I.

*Your Social Security Number (SSN) is requested pursuant to Public Law 93-579 for the University's system of student records, as well as for compliance with federal and state reporting requirements. An SSN is required if you are applying for financial aid but is not required for admission to the University. Providing an SSN will, however, speed up the processing of your application since we will not need to manually match your application with other materials such as transcripts and test scores. Supplying an SSN ensures that you will be able to claim the Hope Tax Credit, if you are eligible, on your federal tax return. The University has a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose your SSN without your consent for any purpose except as allowed by law.

Address _____

Number & Street Apt#

_____

City or Town State ZIP Code + 4 Country

Home Phone (_____) _____ **Work Phone (_____)** _____ Have you attended GSU before? _____

Email _____ If yes, when? _____

****Birthdate** _____ ☐ Male ☐ Female Previous Name(s) _____

Month Day Year

Ethnic Origin

1. Are you Latino/Hispanic? ☐ No ☐ Yes

2. Please select the categories below that describe you (*select as many as apply*)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Pacific Islander ☐ White

Are you a veteran? ☐ Yes ☐ No

Are you a U.S. Citizen? ☐ Yes ☐ No RESIDENCE: ☐ R Illinois ☐ N Non-Illinois ☐ Illinois County _____

If Not a U.S. Citizen, Indicate Visa Type _____ Country of Citizenship _____

I wish to enroll for: ☐ FALL ☐ SPRING ☐ SUMMER 20_____

GRADING OPTION (CHECK ONE)	COURSE NO. AND SECTION	CREDIT HRS.	COURSE
☐ GRADE ☐ PASS/NO CREDIT ☐ AUDIT			
☐ GRADE ☐ PASS/NO CREDIT ☐ AUDIT			
Current student tuition and fees information available online at *www.govst.edu/catalog/tuition.htm*	**TOTAL:**		

NONDEGREE-SEEKING STUDENT ☐ Undergraduate ☐ Graduate

COLLEGE/UNIVERSITY ATTENDED OTHER THAN GSU **

_____ _____ _____ _____ _____ _____

Name/Campus City State Date Attended Degree Earned Date

I certify that I have read the information in this publication pertaining to the admission and enrollment as a nondegree-seeking or undeclared student, and that the information I have furnished is true and complete. I understand that giving false information may make me ineligible for future admission to this university or be sufficient cause for dismissal.

GSU is an upper-division institution. Students not possessing a minimum of 60 semester hours (90 quarter hours) are normally not admitted. For further information, call the Admissions Office at 708.534.4490.

** Information must be provided.

_____ _____

Student Signature Date

CREDIT

MAIL TO: Governors State University, Office of Continuing Education c/o SRF, 1 University Parkway, University Park, IL 60484, OR FAX TO: 708.534.8458

Student Name _____ Student ID No. _____

FULL PAYMENT MUST ACCOMPANY YOUR REGISTRATION.
SEND CHECK OR MONEY ORDER, OR PROVIDE VISA/MASTERCARD/DISCOVER INFORMATION BELOW.
PLEASE MAKE CHECKS PAYABLE TO **GOVERNORS STATE UNIVERSITY.**

Phone No. _____

☐ **BENEFIT:** _____ (Indicate type)

FOR CREDIT CARD PAYMENT: ☐ VISA ☐ MASTERCARD ☐ DISCOVER (CHECK ONE)

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐/☐☐ ☐☐☐ $ _____

ACCOUNT NUMBER EXPIRATION DATE CCV AMOUNT TO BE CHARGED

_____ _____ _____

NAME ON CARD AUTHORIZED CARDHOLDER'S SIGNATURE DATE