University College - (919) 530-7442
Distance Education
REGISTRATION FORM

NORTH CAROLINA CENTRAL UNIVERSITY
P.O. Box 19645
Durham, NC 27707

Term_____ _____
Semester Year

Registration Date _____ _____ _____
Month Day Year

(REGISTRATION FORM MUST BE FILLED OUT COMPLETELY)

This registration form has been specifically designed for distance education students. Only the most pertinent information needed for the Student Information System (SIS) is included. Please provide all information requested to avoid processing delays. Thank you.

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PLEASE PRINT

Social Security No. ____ - ____ - ____

_____ _____ _____
Last Name First Name M.I.

PERMANENT ADDRESS

_____ _____ _____
Street Address City State Zip Code

_____ _____ _____
County Area Code - Telephone (H) Area Code - Telephone (W)

_____
E-mail Address

_____ _____ _____ _____
Date of Birth Sex Ethnic Origin Marital Status

Are you currently enrolled at NCCU? ☐ Yes ☐ No

If yes, please indicate last enrollment date: Spring_____ Fall_____ Summer_____

PLEASE INDICATE THE CORRECT CLASS NUMBER WHEN REGISTERING.

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COURSE REQUEST

						End Time	
1.							