

Part-Time Student Registration Form – Credit Courses

Fax form to (860) 465-4382 or
E-Mail to registrar@easternct.edu or
 Register in person at the Registrar's
 Office, Wood Support Services Building

Send check or money order to:
 ECSU, Bursar's Office
 83 Windham Street
 Willimantic, CT 06226-2295

Eastern ID Number:		Home Email Address:			Term:	
Last Name:				Former Last Name (if Applicable):		
First Name:			Middle Name:		Home Phone (Area Code-Seven Digits)	
No. and Street:					Business Phone (Area Code-Seven Digits):	
City or Town:				State:		Zip Code:
	Sex	Citizenship	Military	Ethnic Group		Residence
Check only one	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien (Permanent Visa) <input type="checkbox"/> Non-Resident <input type="checkbox"/> Alien (Student Visa) Country: _____ <input type="checkbox"/> Visa Type: _____	Active? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____ U.S. Vet? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch: _____	<input type="checkbox"/> Native American <input type="checkbox"/> African American/ Black <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Puerto Rican <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____		<input type="checkbox"/> In State <input type="checkbox"/> Out-Of- state <input type="checkbox"/> International

Undergraduate/ Graduate ONLY COMPLETE IF FIRST TIME STUDENT	Have you previously attended ECSU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Undergraduate, or <input type="checkbox"/> Graduate?		Previous Education/ Employment	Enter the year in which you graduated from high school: _____	
	Birth Date mm/dd/yyyy:			Please check the highest degree/diploma earned to date:	
	Social Security Number:			<input type="checkbox"/> Less than a high school diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Undergraduate certification requiring at least 30 semester/quarter credit hours (Ex. RN, RAD, Tech., etc.) <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other advanced awards <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> First Professional Degree	

5-Digit CRN	SUBJ	CRSE #	SEC #	Course Title	CRS FEES	CREDITS	DAYS	TIME	BLDG/RM
If prerequisite for above course NOT taken at ECSU, indicate how you have met the prerequisite, include an unofficial transcript:									
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5-Digit CRN	SUBJ	CRSE #	SEC #	Alternate Courses: Do not list alternate sections	CRS FEES	CREDITS	DAYS	TIME	BLDG/RM

Signature	Date: Mo. Day Yr.
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Check All That Apply		
<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Vocat. Rehab	<input type="checkbox"/> 62 or Over
<input type="checkbox"/> National Student Exchange	<input type="checkbox"/> H.S./ WHIP	<input type="checkbox"/> Graduate Assistant
<input type="checkbox"/> Veteran	<input type="checkbox"/> Employee Waiver	

For Tuition and Fees please visit: <http://www.easternct.edu/fiscalaffairs/bursar/>
 To make a credit card payment, go to "eWeb" at www.easternct.edu/portal/