

# 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
<b>Check only one</b>	<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

<b>Undergraduate/ Graduate  ONLY COMPLETE IF FIRST TIME STUDENT</b>	Have you previously attended ECSU? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Undergraduate, or <input type="checkbox"/> Graduate?		<b>Previous Education/ Employment</b>	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:									
If prerequisite for above course NOT taken at ECSU, indicate how you have met the prerequisite, include an unofficial transcript:									
If prerequisite for above course NOT taken at ECSU, indicate how you have met the prerequisite, include an unofficial transcript:									
If prerequisite for above course NOT taken at ECSU, indicate how you have met the prerequisite, include an unofficial transcript:									
If prerequisite for above course NOT taken at ECSU, indicate how you have met the prerequisite, include an unofficial transcript:									
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.
-----------	----------------------

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/](http://www.easternct.edu/portal/)