

Registration Form for Credit Courses

Name (current students check box if change of name)

SSN or student V n			m	e of birth	d y y	ear Gender Gender Female Male	
Permanent mailing	address (cu	rrent students	s check box if	change of ad	s 🔲)		
Sheet							
City					State	Zip	
Email address					Race/ethnicity		
					1. Are you Hispanic or Latino? □ Yes □ No 2. In addition, select one or more of the following categories to		
Telephone number					describe yourself:		
Home					□ White□ Black or African	Δmerican	
Work				Asian			
Student's omnlover	(if omployed)				American Indian	or Alaska Native or Other Pacific Islander	
Student's employer (if employed) Agency name				Citizen country	If PR, indicate visa type		
Telephone				US-U.S. Citizen			
					PR-Permanent Reside	ent Alien	
Please check "yes Have you attended" Do you currently hol Are you a teacher en Have you lived in Vi	/CU in the p d a college c nrolling for re	ast? legree (bac ecertificatio	chelor or hig n purposes	gher)?	 Yes Yes No Yes No Yes No Yes No 		
Course Ref. No.	Subject	Course	Section	Credits	tle		
23123	HPEX	218	C90	1	cuba		
student. The registration policies found at vcu.edu	will be process J. VCU CPE we of your name, tnerships, pleas	sed upon rece orks with a nu address, ema se refer to the	eipt. Visit VCL umber of inter il and phone n bottom of the	J CPE at ocp nal and exten number to the program spec		rmation. All registered students must abide t ts events and educational offerings. By signi etermine if the course you are registering for f	
I have read and agree to	b abide by the	University Ho	onor Code, U	niversity Co	f Conduct, and University Academic Regula	tions.	

Continuing and Professional Education | Virginia Commonwealth University | Box 842505, Richmond, Virginia 23284-2505 Phone (804) 828-1322 | Fax (804) 828-6444 | ocpe@vcu.edu | ocpe.vcu.edu