

Part-time Student Registration Form

1. Complete and sign the registration form.
2. Workshops, enrichment courses and courses taken for audit must be paid in full at registration.
3. Carroll Web courses (section WW): Payment due one month from start date.
4. Online Consortium of Independent Colleges and Universities (OCICU) courses: 100% of tuition is due on the first day of class. Audits are not allowed.
5. Registration for audits will be accepted 5 business days before the beginning of the term.
6. If you have not submitted a graduate or a part-time undergraduate application for admission, you must do so prior to or at time of registration.

Classes fill quickly REGISTER EARLY

REGISTRATION OPTIONS

» IN PERSON

Voorhees Hall; Monday through Friday - 8 a.m. to 4:30 p.m.
In person registration will be accepted prior to the first class.

» BY FAX

Fax a completed registration form to 262.650.4851

» ONLINE

Current students can register online at my.carrollu.edu.
(Login and password are required.)

» BY MAIL

Send a completed registration form to:

Carroll University, Registrar's Office
100 N. East Ave., Waukesha, WI 53186
Mail registrations will be accepted up to
one week prior to beginning of classes.

Allow seven (7) days to receive a confirmation of your class schedule. If you notice an error in the returned schedule, please call the registrar's office immediately at 262.524.7208.

Name _____
Last First Middle

Social Security number (optional) or student I.D. _____ Home phone () _____

Street address _____

City _____ State _____ ZIP _____

Employer's name _____ Business phone () _____

Address _____ E-mail _____

Are you currently attending Carroll? Full time Part time No

Are you seeking an undergraduate degree? Yes No If yes: Major _____

Are you seeking a graduate degree? Yes No If yes: Emphasis _____

Are you seeking a certificate? Yes No If yes: Program _____

Are you seeking ONLY course credit (for continuing education, rather than for a degree) at Carroll? Yes No

Session: Fall Winter Spring May Summer II Summer III

Dept.	Course Number	Section Letter	Course Title	Instructor	Course Credit	Audit	Tuition

Alternate course(s) if 1st choice is closed or canceled

Course fees due (if applicable) _____

Total amount due _____

Check Cash enclosed Amount _____

Please charge Amount _____ VISA MasterCard American Express

Card number _____ Expiration date _____

With the completion of this registration, I understand that I am legally obligated to pay all tuition and fees. In the event of default, the university may refer my account to a credit reporting agency, a collection agency, and/or initiate legal action to recover any outstanding debt. I understand I am also responsible for the costs of collection including, without limitation, interest, penalties, collection agency fees, court costs and attorney fees.

Signature _____

Date _____