

UNION COLLEGE
Part Time Student Registration Form

Application must be on file before submitting this form

Part I: To be Completed by Student (please print):	Term/Year _____
Union College I.D. No.: _____ <small>(If unknown, or first time student, leave blank)</small>	Student Category (Please check all applicable)
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last Name First Name </small>	1. _____ Non-degree 2. _____ Degree-seeking : Major? _____
Local Address: _____ _____	3. _____ Employee/Spouse/Dependent 4. _____ High School
Phone: (H) _____ (W): _____	5. _____ UCALL 6. _____ Senior Citizen
Email Addr: _____	

Part II: Course Selection: Course name (ie: HST) Course Number (ie: 240) Section (ie: 01) Please Check One _____ _____ _____ For Credit _____ Title: _____ For Audit _____	Failure to notify the Registrar's office, in writing, of withdrawal will result in an automatic "F" on your transcript.
Course name (ie: HST) Course Number (ie: 240) Section (ie: 01) Please Check One _____ _____ _____ For Credit _____ Title: _____ For Audit _____	
<div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">For Office Use Only</p> <p>Processed by: _____</p> <p>Date: _____</p> </div>	

I, the undersigned agree to be responsible for and to pay Union College for the balance of my account, including collection or attorney fees incurred should I fail to meet my obligations:

Student's signature (REQUIRED) _____ Date: _____