

Registration Form



World Campus and Continuing Education
 Student Enrollment Services
 The Pennsylvania State University
 301 Outreach Building
 University Park PA 16802

814-865-5403 or 800-252-3592
 Fax: 814-865-3290
 registration@outreach.psu.edu
 www.worldcampus.psu.edu

Please print clearly

Penn State ID or SSN _____

Gender Male Female

(circle) Mr. Mrs. Ms. Dr. Rev. ____ (circle) Jr. Sr. II III ____

Street address _____

Last name _____ First _____ Middle _____

City _____ State _____ ZIP code _____ Country _____

Home phone _____ Cell phone _____ Work phone _____

Permanent home address _____

/ /

Birth date (month, day, year) _____ Email _____

City _____ State _____ ZIP code _____ Country _____

By checking this box I agree to allow Penn State to use this email address to communicate with me about my course information.

If you have special needs or require additional services under the Americans with Disabilities Act, contact the Penn State Office for Disability Services at 814-863-1807.

Are you a U.S. Citizen? Yes No

Have you completed the prerequisite course?

If no, please answer the following questions:

Yes No N/A

What is your country of citizenship? _____

Are you an immigrant (permanent resident) residing in a U.S. state or territory? Yes No

Last year of school completed (circle one)

If no, what is your visa type?: _____

High School	College	Graduate	Technical
9 10 11 12	1 2 3 4	1 2 3+	1 2 3+

Federal law requires that institutions of higher education gather the following information regarding the ethnicity and race of its students and employees. Your individual information will be kept strictly confidential. The law only requires institutions to report aggregate totals for each category.

Select the appropriate responses regarding your ethnicity **and** your race:

Is your ethnicity Hispanic/Latino (Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?

What is your race? (Select one or more)

Yes, Hispanic/Latino
 No, not Hispanic/Latino

White Black or African American
 Asian American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

Office Use Only

Semester in which you wish to enroll: _____

Status

Major

Campus

Enroll Date

End Date

Registered by

Course Abbrev. & Number	Course Title	Section no.	Schedule no.	No. of credits

NOTE: If the section you requested is full, you will be placed in the next available section.

Office Use Only

My signature/enrollment indicates that I agree to abide by the procedures, rules, and regulations of the World Campus, including those on refunds.

Penn State is no longer using the Social Security number (SSN) as the primary identification number for students and employees. A Penn State ID will be assigned to each student and employee as the primary identifier for Penn State purposes. The SSN will still be requested and will be required when you enter Penn State as a new student and when required by law or for business purposes with certain third-party providers, with appropriate disclosure of its use, and the number will be stored as a private, secondary identifier in our system. Penn State is committed to maintaining the privacy and confidentiality of an individual's SSN.

Student signature _____ / / _____
 Date