

Southern Illinois University Edwardsville



Office of Continuing Education
Off-Campus Registration Form

Term _____ Year _____ Today's Date _____

Course Location _____

Last Term Attended at SIUE (on or off-campus) _____

Name _____
Last First

Social Security Number _____ Daytime Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

List all courses you are taking this term, both on and off campus. _____

Payment Type (circle one):

- Check (payable to SIUE)
• Cooperating Teacher (attach card)
• Illinois Veteran Grant
• Bill to Company/Agency
• MasterCard # _____ Expiration date _____
• VISA # _____ Expiration date _____

Please complete and return to:

Office of Continuing Education
SIUE, Box 1084
Edwardsville IL 62026-1084
Phone: 618/650-3210
Fax: 618/650-2629

Office Use Only

Amount of Payment _____ Received By _____ Payment Type _____ Date _____