MAIL REGISTRATION

Spring 2008

PARKLAND COLLEGE

SOCIAL SECURITYNUMBER (used as student ID No.)

Has your NAME or ADDRESS changed since your most recent enrollment?

❑ NO ❑ YES Previous Name _____

NAME: LAST FIRST M.I.

ADDRESS: NO. AND STREET, APARTMENT NO., RURAL ROUTE, OR P.O. BOX CITY

STATE ZIP CODE IL COUNTY OF RESIDENCY

RESIDENCE TELEPHONE NUMBER
Area Code:

WORK TELEPHONE NUMBER
Area Code:

MY PRIMARY REASON FOR ENROLLING AT PARKLAND IS:

❑ 1. To prepare for transfer to a four-year college or university.
❑ 2. To improve skills for my present job.
❑ 3. To prepare for a future job immediately after attending Parkland.
❑ 4. To prepare for the GED test or improve basic academic skills (includes ESL).
❑ 5. For personal interest/self-development — not career-oriented.
❑ 6. Unknown/other _____

DO YOU PLAN TO TRANSFER TO A FOUR-YEAR COLLEGE OR UNIVERSITY? ❑ 1. NO ❑ 2. YES

If you do *not* plan to earn a degree or certificate from Parkland and have satisfied assessment requirements, you may enroll in classes using this form. If you have never attended Parkland or have not attended since Summer 1999, you *also* must complete the enclosed application form *before we can enroll you in any credit course.*

PROGRAM OF STUDY

On the Programs of Study Code List located elsewhere in this publication, find the program of study that you plan to follow at Parkland. Enter the program name and code below.

NAME OF PROGRAM

PROGRAM CODE (May not need all boxes.)

CON REG
NEW REG
REA REG

PLEASE ENROLL ME IN THE COURSES LISTED BELOW: (see examples)*

COURSE CODE NUMBER & SECTION			TIME OF CLASS	CIRCLE DAYS OF CLASS	CREDIT HOURS	ROOM NUMBER	ADDITIONAL COURSE FEE LISTED (if any)	NCR, WKS COURSE FEES (if any)
ENG	101	001	8-8:50 a.m.	(M) T (W) R (F) A	3	A212	$9.00	—
				M T W R F A				
				M T W R F A				
				M T W R F A				
				M T W R F A				
				M T W R F A				
			TOTALS:		(A)		(B)	(C)

***Audit Status Enrollment:**
Must enroll in person during the late registration period.

TO CALCULATE PAYMENTS:

OFFICE USE ONLY

A. If resident, multiply $82.00 by _____ Total Credit Hours (Column A) . . . . . _____
B. Total Additional Course Fees (Column B) indicated in Course Listing . . . . . _____
C. Fees for NCR and workshop courses (Column C) as listed . . . . . _____
D. $20 nonrefundable processing fee must be submitted with health career program application. . _____
The application will be processed only after this fee has been paid.
E. Sum of A, B, C, and D — total Payment Due . . . . . _____

TO COMPLETE PAYMENT: Check one below. DO NOT SEND CASH!

OFFICE USE ONLY

❒ Check or money order enclosed. (Write social security # on check. Cancelled check is your receipt.)
❒ Check or money order must be **received before January 11, 2008,** for all sessions.
❒ Bill agency below as indicated.* (I.V.G. and M.A.P. will not pay additional course fees.)
❒ Monetary Award Program ❒ D.V.R. ❒ I.V.G.
❒ Other (specify) _____
*You must attach authorization or call to confirm that authorization is on file with the Office of Financial Aid (217/351-2222).
❒ Charge amount to:
❒ Visa ❒ MasterCard ❒ Discover EXP. DATE: Mo./Yr.
ACCOUNT NUMBER

MAIL REGISTRATION DEADLINE: JANUARY 11, 2008
MAIL TO: **Mail Registration**; Admissions and Records; Parkland College; 2400 West Bradley Avenue; Champaign, IL 61821-1899

SIGNATURE _____
DATE _____