UCONN HEALTH

Non-Degree Registration Request

Return completed forms to UConn Health Registrar's Office AM 016, fax: 860-679-1902, or email Registrar@uchc.edu

Please Print

Name _____
First M. Last

PeopleSoft ID _____/NetID_____
(if known)

*Social Security No. _____-_____-_____ ***(only if PeopleSoft ID/NetID not provided)***

Gender: Female _____ Male_____ Birthdate _____/_____/_____
Month Day Year

Telephone: Primary _____/_____-_____ Secondary _____/_____-_____

E-Mail: _____

Mail Address: Street _____

City _____ State _____ Zip/Postal Code _____ Country _____

U.S. Citizenship Status/Visa Type: U.S. Citizen or U.S National _____

U.S. Dual Citizen _____ U.S. Permanent Resident or Refugee _____

Other _____ (Visa category_____)

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____

Race *(select one or more races from the following groups):*

White _____ Black/African American _____ Asian _____ Asian Indian _____

American Indian/Alaska Native _____ Central American _____ Chinese _____

Hispanic _____ Japanese _____ Mexican American_____ Pacific Islander _____

Puerto Rican _____ South American _____

Military Status: No Military Service _____ Active Military _____ Reserve/Nat'l Guard _____
(Offc. use: Other Vet)

Retired ____ Veteran (not Ret.) _____ Decline to Indicate _____
(Offc. use: Other Vet)

Have you taken classes at any of our UConn campuses before? Yes____ No____

Were you ever dismissed from UConn? Yes_____ No_____

Which program are you affiliated with?

____ Non-Degree

____ Other: Please Specify _____

Enrollment Request

Semester / Year	Class #	Campus	Subj Area	Catalog #	Class Section	# of Credits / Units	Permission #
	Alternate						

Registrations will be processed in the order they are received.

Non-Degree graduate fees

Payments can be made online at: https://student.studentadmin.uconn.edu/

Student Affirmation:

By enrolling for credit courses, I accept responsibility for knowledge of and compliance with all University rules, regulations, definitions, and procedures pertaining to my student status at the University of Connecticut. This includes, but is not limited to, any special regulations and procedures concerning course registration, drop or withdrawal, and fee refunds. I understand that successful registration for the course(s) listed above result in a $65 non-refundable registration fee in addition to applicable course and mandatory fees.

Signature_____ Date _____

Note: *The University requests that you provide your Social Security Number (SSN). We are required by federal law to inform you of this request. The SSN is collected to enable the University to comply with federal requirements mandated under IRS tax laws and the Title IV student aid legislation and for other administrative purposes. The University assigns each student a unique identifier that is not the SSN that is used for most administrative purposes.