



Registration Form

1500 College Parkway
Elko, Nevada 89801

Phone: 775.753.2102 Fax: 775.753.2311

Date: _____ Semester: Spring Summer Fall

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Day _____ Evening _____

*Social Security Number: _____ *(disclosure is optional, a 9-digit "N" number may be assigned.)

Call Number	Department	Course Number	Section Number	Credits	Credit or Audit	Weekdays	Time	Class Fees	
Total number of credits _____						Add \$10.00 New Student Fee?			
								Total Fees	

Fees are due and payable at the time of registration. Make checks payable to the "Board of Regents."

Signature: _____

For Office Use Only

Individual Payment Method:

- Cash \$ _____ Received by: _____
- Check \$ _____ Received by: _____
- Credit Card \$ _____ Card Type: _____

Card No. _____ Expiration: _____

Agency or Employer Sponsorship:

❖ Authorizations must be turned into the Controller's Office at the time of registration