

East Stroudsburg University of Pennsylvania Off-Campus Continuing Professional Education Registration Form

Please check this box if you would like us to update our system with the address and phone number below. If you have changed your name since last attending ESU, please visit Enrollment Services at www.esu.edu to download a name change form.

Student Information

SOCIAL SECURITY NUMBER* _____ BIRTHDATE _____

Gender: Male Female

PA Resident: Yes No

Ethnic Background: American Indian or Alaskan Native
(Optional - for Federal Report)

Black

White

Hispanic

Asian/Pacific Islander

Teaching level: _____

SCHOOL DISTRICT _____

Elementary

Intermediate

High School

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____

TELEPHONE NO. (HOME) _____ EMAIL _____

Have you ever taken a course offered by ESU? Yes (Year _____) No

HIGHEST DEGREE EARNED _____ INSTITUTION _____ YEAR _____

COLLEGE (UNDERGRADUATE) (IF DIFFERENT FROM ABOVE) _____

HOW DID YOU HEAR ABOUT OUR OFF-CAMPUS COURSES? _____

Registration Information

Spring 2011 Summer 2011 Fall 2011

SECTION #	COURSE #	COURSE TITLE	LOCATION

Payment Information

Please select one of the following options for billing

Check/Money Order
I have included a check or money order made out to *East Stroudsburg University*.

Direct Bill
My employer participates in a direct bill program with ESU.
NOTE: By checking this box and signing below, you authorize release of your grades to your organization for payment purposes.
Please bill: _____
_____ directly.

Tuition Deferment
Defer tuition charges. I agree to make payment to the University two weeks prior to the end of the semester.
Registration and transcript holds will be placed on unpaid accounts.

Charge
Complete and return for Visa/Mastercard payments
 Visa Mastercard Discover

_____ CARD HOLDER'S NAME

_____ CREDIT CARD NUMBER

EXP. DATE _____ AMOUNT _____

_____ AUTHORIZED SIGNATURE _____ DATE _____

SIGNATURE OF STUDENT

DATE

I attest that the above information given is both accurate and complete.

*ESU uses your SS# as your student ID number. By placing your SS# on this application and signing the application, you consent to the university's use of that number for identification purposes. If you choose not to provide it, you will be assigned a number.

Mail or fax completed form to:

The Office of Continuing Professional Education
East Stroudsburg University of Pennsylvania
200 Prospect Street
East Stroudsburg, PA 18301-2999
Phone 570.422.2872 - Fax 570.422.2874 - Email cesmmr@po-box.esu.edu