

Registration – Fall 2009

Please type or print. You may register for as many classes as you wish. This form may be duplicated as necessary.

Course Title

Beginning Date

Fee

Participant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home _____ Work _____ Cell _____

E-mail Address: _____ Year of Birth: _____

Check here if you would like your enrollment confirmation e-mailed to you.

Kids' College Participant's Grade as of August 2009: _____

Payment Method Check Money Order MasterCard VISA American Express Discover

Make your check or money order payable to Angelo State University.

Card Number: _____

Exp. Date: _____ Signature: _____

Mail or FAX this completed form to:

Division of Extended Studies
ASU Station #11022
San Angelo, TX 76909-1022
FAX: 325-942-2023
Telephone: 325-942-2339

Refund Policy: 90% of the registration fee will be refunded to the participant who cancels prior to the first class meeting. 80% of the registration fee will be refunded to the participant who cancels prior to the second class meeting. 100% of the registration fee will be refunded to the participant if the University cancels a class.

Persons who require special learning accommodations should contact 325-942-2339. Requests received at least two (2) weeks in advance of the scheduled event will be addressed on a case-by-case basis.