

EXTENSION COURSE REGISTRATION FORM

Last Name	First	Name	Middle or Maiden		Social Security Number	
					()	
Home Address: Stree	t Number Cit	y S	tate	Zip	(A/C)	Daytime Phone
			Date of Birth			
Legal Residence for P	ast 12 Months		Date of Birth _	Month	Day	Year
Male Fema	le	E-mail ad	dress:			
Have You Previously I	Enrolled at Tex	as Tech Univ	ersity?	_Yes		No
If yes, How?	Resident	E	xtension		Correspondenc	e
Give Date of Last Attendance				Name		
Tech Status:	Degree Seel	king			Non-Degree Se	eeking
Student Classification		N	lajor (Dept.) _			
Highest Degree Attained			Date		Institution	
A.	I recognize that it is my responsibility to secure my dean's signature before registering in this course if I want it to count toward a degree. Approved Date					
В.	I am enrollin	g in this cou	rse as a trans	sient/non		and understand
Student's Signature			Date			
FOR OFFICE USE Summer I 2008 & Fal June 1 through Dece		008 & Fall 20	2008		Course Fee: <u>\$900.00</u>	
Course Information:						
Course Symbol Co	ourse Number	Section	Title			
ARCH	5347	001	<u>3-D Des</u>	sign Visu	ualization	
						Grade Received
Faculty Signature (when grade issued)					-	