## University of Northern Colorado

**Extended Campus** 

(970) 351-2944 Fax (970) 351-2519 excinfo@unco.edu WINDSOR HIGH SCHOOL

You are registering for U	NC credit for the following course:		
Instructor	Course Title		
Term			
Add Date: must be regis	stered for the course by:	Drop Date: must drop course by:	
Student Information:			
First Name	Middle Initial	Last Name	
Social Security Number		Date of Birth (MMDDYY)	<ul><li></li></ul>
Street Address			
City	County (if Colo)	State Zip	
Name of high school cur	rently attending	Have you taken dual credit befor	e? O Yes O No
Home Phone Day-time phone Student email			
Parent Name	me Parent email		
	Important Message: Ple	ease read carefully and sign	
college credit from the U will not be allowed to re	Iniversity of Northern Colorado. If I	rollment course at my high school for which I a choose not to complete the registration proces that UNC will permanently record grades issued le to UNC for the tuition.	s, I understand I
Course Drop/Withdrawa	l:		
You may withdraw from an individual course up to 50% of the course dates by contacting the Office of the Registrar at 970-351-2231. There is no tuition adjustment made.			
		rom all of your courses up to 80% of the course on may be adjusted depending on the date of v	
	nd full tuition will be due. For more	withdraw through UNC, you will receive a grade e information, visit http://www.unco.edu/regred	
Student Signature		Date	
Parent Signature		Date	<del></del>
You will not be registere	d for this course without completin	g entire registration form and both signatures a	are required.
OFFICE USE ONLY: Bann	ner Manager	Date Initials	

Other \_\_\_