



**EASTERN UNIVERSITY
CAMPOLO COLLEGE OF GRADUATE
& PROFESSIONAL STUDIES**

REQUEST FOR REGISTRATION

Please note that submitting this form does not register you for any classes until registration clears through Student Accounts. If you have a financial hold you will not be able to register for any new classes until financial obligations have been met. Registration is contingent upon space and availability with the group.

You will receive a confirmation of receipt from the Registration Coordinator within 3-5 business days of receiving this form. If you need immediate assistance, please contact the Registration Coordinator at (610) 341-1391.

Name: _____ ID or SS# _____

Street Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

Email Address: _____ Today's Date: _____

Course/s: _____

Time Frame: _____

Preferred Location: _____

Would you be interested in online courses if they were available? _____

In order to participate in online courses you will need access to the Internet, be familiar with MS Office, and be comfortable taking classes via distance.

Preferred day of the week: _____

Is there any day of the week that is NOT good for you? _____

Will you need books? _____

Do you have any other questions or concerns?

Return to Registration Coordinator Fax: (610) 341-1468