



COURSE REGISTRATION FORM

Please print or type all information requested and review responses for accuracy.

Current Legal Name

Last (Family) Name _____ First (Given) Name _____ Middle Initial _____

Birth/Maiden Name (if different from current last name) _____

Other name(s) by which you may have been identified in relevant academic records _____

Permanent Address

Number and Street _____ Apt. or Suite Number _____

City _____ State _____ Zip Code _____ Country (if not USA) _____

Mailing Address (if different from permanent address)

Number and Street _____ Apt. or Suite Number _____

City _____ State _____ Zip Code _____ Country (if not USA) _____

Phone Numbers (please circle "D" for day or "E" for evening)

Area Code () _____ (D/E) Area Code () _____ (D/E)
Home Phone _____ Business Phone _____ Business Extension _____

Email Address _____

Date of Birth -- Gender (M = male; F = female)

Month Day Year

Please answer both questions (a) and (b) below.

(a) Are you Hispanic or Latino/Latina? Yes No

(b) Please select the racial/ethnic group(s) you identify with regardless of your answer to the above question (you may select more than one):

American Indian or Alaska Native Black or African American White
 Asian Native Hawaiian or Other Pacific Islander

If you are currently serving in the United States Armed Services, please enter the code number of the branch:

10 Army - Regular	25 Navy - Reserves	40 Air Force - Regular	55 Coast Guard - Reserves
15 Army - Reserves	30 Marines - Regular	45 Air Force - Reserves	60 National Guard - Army
20 Navy - Regular	35 Marines - Reserves	50 Coast Guard - Regular	65 National Guard - Air

Zip code of military base -

MOS, NER, CGR, etc. Pay Grade

Other military status: Military veteran Military family member with DoD card
 Dept. of Defense civilian employee Military ID number: _____

If you are eligible or currently receiving GI Bill benefits, please enter the code number of the chapter:

70 MGIB-AD (Chapter 30)	95 Educational Assistance	105 Survivors' and Dependents' Educational Assistance Program (Chapter 35)	110 Post-9/11 (Chapter 33)
75 MGIB-SR (Chapter 1606)	100 Educational Assistance Pilot Program (Section 903)	115 Vocational Rehabilitation	999 Not sure
80 REAP (Chapter 1607)			
85 VEAP (Chapter 32)			

Have you used your benefits previously? Yes No If not, have you completed VA form 22-1990? Yes No

If you have used your benefits and are changing parent schools, have you completed VA form 22-1995? Yes No

If you answered No, please complete the correct form online at www.gibill.va.gov.

Fall Trimester

Fall 15-Week

August 31, 2020–December 13, 2020
REGISTRATION DEADLINE: AUGUST 28, 2020

Fall I 8-Week

August 31, 2020–October 25, 2020
REGISTRATION DEADLINE: AUGUST 28, 2020

Fall II 8-Week

October 26, 2020–December 20, 2020
REGISTRATION DEADLINE: OCTOBER 23, 2020

Enter the course(s) prefix and select the term length and delivery mode you are registering for (e.g., SOC 163, Fall II 8-week, Online)

Course Prefix and Number: _____ Term: Fall 15-week Fall I 8-week Fall II 8-week Delivery Mode: Online CD-ROM

Course Prefix and Number: _____ Term: Fall 15-week Fall I 8-week Fall II 8-week Delivery Mode: Online CD-ROM

Course Prefix and Number: _____ Term: Fall 15-week Fall I 8-week Fall II 8-week Delivery Mode: Online CD-ROM

Course Prefix and Number: _____ Term: Fall 15-week Fall I 8-week Fall II 8-week Delivery Mode: Online CD-ROM

Username: _____

Please note: Registration forms for all courses sent without a username cannot be processed.
For any questions, please email TechSupport@excelsior.edu.

Payment

When you submit this Course Registration Form, be sure to include payment or a Military Tuition Assistance Authorization Form. You are responsible for all tuition and fees not covered by Tuition Assistance. Make your check or money order payable to Excelsior College in U.S. dollars drawn on a U.S. bank. Do not send cash. Payment may be made by check, money order, or credit card. Mail completed information to Excelsior College, Student Payment Office, 7 Columbia Circle, Albany, NY 12203-5159 or fax to 518-464-8700. Military Tuition Assistance and course registration form can be faxed to 518-608-8135 or emailed to milta@excelsior.edu.

COSTS	
TUITION	
• Undergraduate course tuition:	\$510
• Military Active Duty/National Guard/Reservists/Military Spouses Undergraduate course tuition per credit	\$250
• Graduate course tuition:	\$645
• Military Active Duty/National Guard/Reservists/Military Spouses Graduate course tuition per credit	\$295
TECHNOLOGY FEE	
• Undergraduate and Graduate: per course credit and per exam	\$20
• Military Active Duty/National Guard/Reservists/Military Spouses per course credit and per exam	\$0
NON-MATRICULATION FEE (PER COURSE)	
• Applies to all non-matriculated students:	\$20 per course

Signature and Date

I certify that the above statements are true and correct. I understand that false information may result in dismissal from the College and that it is my responsibility to submit a complete package. I agree that I will comply with and be bound by all requirements and policies of the College, as set forth in this form and the *Student Policy Handbook*. My signature authorizes Excelsior College to change the email address included in my student records to the email address on page 1 of this form if it does not match what is currently on my student records.

Signature: _____ Date: _____

Payment in full is attached for the Excelsior College course tuition not covered by Military Tuition Assistance.
(check, money order, or completed charge authorization)

Charge Card Authorization:

I authorize Excelsior College to charge _____ (or the current fee at the time this form is received by Excelsior College) to my:

MasterCard Visa American Express Discover

Credit Card Account Number: _____ Expiration Date: _____

Name of Cardholder (print): _____

Signature of Cardholder: _____

Excelsior College is committed to providing a learning and working environment that is free from illegal discrimination based upon an individual's race, ethnicity, national origin, age, religion, marital status, familial status, gender, gender identity, sexual orientation, physical or mental disability, genetic information or military or veteran status. Illegal discrimination in any form will not be tolerated at the College. Portions of this publication can be made available in a variety of formats upon request.