

The National Hispanic University Continuing Education Application

Program: Cengage Heinle Program

Please print using a blue or black pen

Social Security Number # _____ / _____ / _____ Month: _____ Year: _____

Name: _____

Last
First
Middle

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: Day: _____ Evening: _____

Date of Birth: _____ Male Female

HIGHEST CLASS LEVEL ACHIEVED OR DEGREE OBTAINED

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> 0. No prior college | <input type="checkbox"/> 2. Sophomore (30-59 units) | <input type="checkbox"/> 4. Senior (90+ units) | <input type="checkbox"/> 6. Master's Degree |
| <input type="checkbox"/> 1. Freshman (1-29 units) | <input type="checkbox"/> 3. Junior (60-89 units) | <input type="checkbox"/> 5. Bachelor's Degree | <input type="checkbox"/> 7. Doctoral Degree |

PLEASE CHECK, IF APPLICABLE

- | | | |
|--|---|---|
| <input type="checkbox"/> A. I am clearing a preliminary credential at: _____ | <input type="checkbox"/> B. I am currently matriculated in a credential program at: _____ | <input type="checkbox"/> C. I am not yet admitted to a credential program |
|--|---|---|

ETHNIC ORIGIN

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. American Indian or Alaskan Native | <input type="checkbox"/> 4. Other Hispanic | <input type="checkbox"/> 7. White Non-Hispanic |
| <input type="checkbox"/> 2. Black Non-Hispanic | <input type="checkbox"/> 5. Asian | <input type="checkbox"/> 8. No response |
| <input type="checkbox"/> 3. Chicano, Mexican-American | <input type="checkbox"/> 6. Pacific Islander | <input type="checkbox"/> 9. Filipino |

CLASS REQUEST

Add	Drop	Starting Date	Days	Instructor's Name	Course Title	# of Units*	Fee
X			6 weeks	Dr. Kathy Hess	Pursuing Prof. Development	3.0 CEU	\$214.00
					Official NHU Transcripts \$4/ regular order*		\$4.00
						Total	\$214.00

PAYMENT:

- Check (*Print students name, address, and SSN on front of check.*)

NOTE: Make check payable to NHU.

<u>Business Office:</u>	<u>Office of the Registrar:</u>
	Processed
Amount Paid: _____	
Initial: _____	Initial: _____
Date: _____	Date: _____

TRANSCRIPT REQUEST

*Students who desire an official transcript of their academic record must submit, in compliance with Family Educational Rights and Privacy Act (FERPA) of 1974, a written request to the NHU Registrar. **I AGREE TO ABIDE BY THE ACADEMIC, PAYMENT AND REFUND POLICIES GOVERNING THESE COURSES.**

Signature _____ Date _____