

**Sponsored/Contract Credit  
Registration Form**

School of Continuing Education  
Eastern Illinois University  
1-800-446-8918

E Number \_\_\_\_\_ Semester \_\_\_\_ Year \_\_\_\_\_ Email \_\_\_\_\_

Gender: M \_\_\_\_ F \_\_\_\_ Cell / Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address \_\_\_\_\_  
(Number Street) (City/State) (Zip)

Class: Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior/Senior \_\_\_\_\_ Grad \_\_\_\_\_ Post Grad \_\_\_\_\_

CRN #	Course #	Title	SH	Location

Have you ever taken EIU class? \_\_\_\_\_ If so, dates \_\_\_\_\_ Degree seeking Major \_\_\_\_\_

Have you been dismissed from EIU or any other institution? \_\_\_\_\_ List all college/universities attended since last enrolled at EIU \_\_\_\_\_

**Please send a separate check for each class with the Course Number or CRN # on the check. Make checks payable to the sponsoring agency. Return the registration and checks to the corresponding addresses indicated in the course listings.**