

COURSE REGISTRATION — GERONTOLOGY CERTIFICATE AND MASTER'S DEGREE PROGRAMS



CENTER FOR AGING & COMMUNITY

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CERTIFICATE PROGRAM MASTER'S PROGRAM GUEST STUDENT

1. ENTER YOUR FULL LEGAL NAME _____ SID NUMBER _____

CURRENT MAILING ADDRESS	<input type="checkbox"/> CHECK IF THIS IS A NEW ADDRESS	BUSINESS ADDRESS
_____		_____
_____		_____
_____		_____
HOME/CELL PHONE _____		BUSINESS PHONE _____
E-MAIL ADDRESS _____		E-MAIL ADDRESS _____

CHECK IF YOU ARE A VETERAN APPLYING FOR VA BENEFITS. (YOU WILL BE CONTACTED BY THE UNIVERSITY OF INDIANAPOLIS REPRESENTATIVE.)

REGISTRATION INFORMATION

TERM	COURSE NUMBER	CREDIT HOURS	COURSE TITLE	DATE OF COURSE

CAC APPROVAL _____ STUDENT SIGNATURE _____

TUITION INFORMATION

COURES FEES

GRADUATE CREDIT \$390 X _____ (NUMBER OF HOURS) = \$ _____
 AUDIT \$195 X _____ (NUMBER OF HOURS) = \$ _____

PAYMENT CAN BE MADE ONLINE VIA MY.UINDY SELF-SERVICE BY CREDIT CARD, OR CHECK MADE PAYABLE TO THE UNIVERSITY OF INDIANAPOLIS,
 ACCOUNTING DEPARTMENT, 1400 EAST HANNA AVENUE, INDIANAPOLIS, IN 46227

FOR OFFICE USE ONLY
REGISTRATION RECEIVED _____ **COURSE INFORMATION SENT** _____ **REGISTERED ON SIS** _____

STUDENT SHOULD RETAIN A COPY OF THIS FORM