

Registration

SPRING 2020

Center City Campus

Please Print

Campus Key (Current Students)

D.O.B. (Date of birth)

Gender

☐ Male ☐ Female

Last Name

First Name

Middle

Former/Maiden Name

Home Address (street, apt. no.)

Is this a new address?

☐ Yes ☐ No

City

State

Zip

Email

Home Phone No.

Employer Address (street)

City

State

Zip

County

Work Phone No.

Check One

Jefferson Employee ☐ Full-Time ☐ Part-Time

Non-Jefferson Employee ☐ Full-Time ☐ Part-Time

Union Member ☐ 1199c ☐ Local 830

Have you previously taken classes at TJU? ☐ Yes ☐ No If yes, last attended: _____ Term _____ Year ☐ Degree/Certificate Program ☐ NonDegree

If no, please complete the following:

Social Security Number (First-time Registrants)

Gender: ☐ Male ☐ Female

U.S. Citizen? ☐ Yes ☐ No If no, Country _____

Ethnicity (check all that apply): ☐ American Indian/Alaskan Native ☐ Black (non-Hispanic) ☐ White ☐ Asian/Pacific Islander ☐ Hispanic

Have you been dismissed/suspended from any college or university for disciplinary reasons resulting from deficiencies in conduct or academic performance?

☐ Yes ☐ No If yes, please explain _____

Have you ever been convicted of a crime (including, without limitation, any crime involving violence, alcohol, or drugs), felony, or misdemeanor or do you currently have any criminal charges pending or unresolved against you in any court? Note: Conviction includes judgment, found guilty by a judge or jury, pleaded guilty or nolo contendere, received probation without verdict, disposition in lieu of trial, or ARD. _____

Course Selection

CRN	Course Number	Course Title	Credits	Audit	Day/Time	Tuition/Fees

Please do ONE of the following:

- Email registration to DPCS@jefferson.edu (preferred)
- Return completed form to:
School of Continuing and Professional Studies
130 S. 9th Street, Suite 530
Philadelphia, PA 19107
- Fax completed form to 215-503-0564.
- Call 215-503-8414 with questions.

I certify that the information on this form is accurate and that I understand my responsibilities with respect to payment.

Signature

Date

Department Approval