

**DISTANCE EDUCATION AND EXTENSION REGISTRATION FORM**

*Students not enrolled in the semester immediately prior to the semester listed in the Add section must submit a full Distance Education and Extension Application in order to be registered for classes.*

TO BE COMPLETED BY THE STUDENT:

FULL LEGAL NAME (NO INITIALS OR ABBREVIATIONS)

\_\_\_\_\_ *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *Middle*

STUDENT IDENTIFICATION NUMBER *or* SOCIAL SECURITY NUMBER \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

LAST SEMESTER ENROLLED: Fall Spring Summer 20\_\_\_\_  
*(Circle One)* *(Year)*

	DEPT	COURSE & SECTION <i>or</i> CRN	COURSE TITLE	SEMESTER & YEAR
<b>A</b>				
<b>D</b>				
<b>D</b>				

*By signing below, I confirm that I am eligible to register for classes at UNC Asheville and the above information is correct.*

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

<b>For office use only:</b> Student was enrolled in Extension or Distance Learning courses in the immediate prior semester: Fall Spring Summer 20____ <i>(Circle One)</i> Student has paid for this course: _____ <i>Amount</i> <i>Method</i> <i>Date</i> CRN _____ Date Rec'd _____ Date Entered _____ By _____
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Please mail this form, along with tuition payment (payable to UNC Asheville), to:  
Great Smokies Writing Program  
Asheville Graduate Center, UNC Asheville  
1 University Heights, CPO 2140  
Asheville, NC 28804

If you have any questions about this registration process, please call 828.251.6099.