

## Registration

Office of Continuing Education 300 Senior Hall | Cheney, WA 99004-2442 ewu.edu/ce | 509.359.7380

Date: / / Registering for:				
Last Name First Name Middle Name		Previous N	Previous Name	
Current Address	City	State Zip Code		
Email Address  Student EWU NET ID Da	Main Phone  / / te of Birth (required)	Second	) lary Phone	
Student EWU NET ID Da	te of Birth (required)			
Directory Information Please	, -			
, <u>, , , , , , , , , , , , , , , , , , </u>	ease specify:			
Gender: Male Female				
Washington Resident: Yes		· ·		
From / To /				
Have you earned at least a Bachelor's deg	gree? Yes No Institution:	Quarter:	Year:	
Have you previously earned credit at EW	7U? Yes No	If yes, when? Quarter:	Year:	
Where will you be residing while completing the majority, 51% or more, of the coursework for this term?  City  State or Country				
		City	State or Country	
This section is optional. Eastern Washington University uses this information for statistical data.				
What race do you consider yourself (check all that apply)?				
☐ White/Caucasian (800) ☐ Black/African American (870) ☐ Samoan (655)				
	Aluet (941)			
☐ Korean (612)	☐ Filipino (608)	Specify one group (ex. Thai):		
	Guamanian (660)	American Indian (597)		
	☐ Japanese (611)	•		
Chinese (605) Vietnamese (619)				
Are you of Spanish/Hispanic origi	n (check all that apply)?			
☐ No. Not Spanish/Hispanic (999) ☐ Yes. Mexican/Mexican American (722) ☐ Yes. Cuban (709)				
☐ Yes. Chicano/Chicana (705) ☐ Yes. Other Spanish/Hispanic ☐ Yes. Puerto Rican (727)				
☐ Other Race: Specify one group (ex. Columbian):				
Course Information				
1	1		1	
Subject Code CRN Course Title Credit(s)				
Course Fee	Payment Information	Mail Registration and Tuition:		
	☐ Check (payable to EWU)	Eastern Washington University Office of Continuing Education		
	Money Order	300 Senior Hall, Cheney, WA 99004-2442		
		Or fax: 5	509.359.2220	