Please complete this form and email or FAX it with all signatures included to: dorothy.luke@uah.edu or (256) 824-6608

## Spring 2015 Course Registration Form Distance Learning Program



Please address to: *UAH Distance Learning*, N138 Technology Hall

| Course No.*        | Title  |                          | Credit Hours         | Credit or Audit    | Section            |                                |
|--------------------|--|--------------------------|----------------------|--------------------|--------------------|--------------------------------|
|                    |  |                          |                      |                    |                    | -                              |
| NEW INST           | RUCTIONS SP15: A   | All videos captur        | ed for DL cla        | sses will be offe  | red via the I      | *Eg: EM 660<br>nternet through |
|                    | capture server, whi  |                          | _                    | -                  | •                  |                                |
| •                  | <u>/angel.uah.edu/defa</u>   | •                        |                      |                    |                    | for additional                 |
| instructions       | on accessing your o  | course lectures: h       | nttp://www.er        | ngdl.uah.edu/dls   | support.php        |                                |
|                    |  |                          |                      |                    |                    |                                |
| Student Inform     | nation:  |                          |                      |                    |                    |                                |
| Full Legal Nam     | ne:  | 26.11                    |                      |                    |                    |                                |
| TTATT              | First  | Middle                   |                      | Last               |                    |                                |
| UAH-assigned       | "A Number":  |                          | _ Student's Ad       | lv1sor:            |                    |                                |
| Home Phone: (      | )  | Cell Phone: (            | )                    | Work Pl            | none: ()_          |                                |
| Home Address:      | <b>:</b>   |                          |                      |                    |                    |                                |
|                    | Street   |                          | City                 |                    | State              | Zip                            |
| Check here if the  | his is a new address   | _                        |                      |                    |                    |                                |
| UAH Email A        | ddress:  |                          |                      |                    |                    |                                |
|                    |  |                          |                      |                    |                    |                                |
|                    | e DL students must selec   |                          |                      | of examinations. I | Please list this i | nformation below,              |
| -                  | ion that you will supply o   |                          |                      |                    |                    |                                |
| Proctor's Name     | 2:   |                          | Proctor's Emai       | il:                |                    |                                |
| Proctor's Phone    | e: ()  |                          | Proctor's Fax:       | ()                 |                    |                                |
| Proctor's Addre    | ess:   |                          |                      |                    |                    |                                |
|                    | Street   | City                     |                      | State              | Zip                |                                |
| Tuition due h      | y no later than the first s  |                          |                      |                    |                    |                                |
| Please note        | y no later than the first of the control of the con | aw from a DL coi         | ırse, <u>you mus</u> | t do so through    | the DL Admi        | nistrative Office.             |
| I certify that the | e information given in th<br>nderstand that I am respo   | is application is true a |                      |                    |                    |                                |
| Student's Signa    | ature:   |                          |                      | Date:              |                    |                                |
| Advisor's Signa    | ature:   |                          |                      | Date:              |                    |                                |

## **UAHuntsville Distance Learning Textbook Order Form**

Please Fax to (256) 824-6754 <a href="http://www.uah.bncollege.com">http://www.uah.bncollege.com</a>

Don't forget, you can always order textbooks online on our safe & secure site at http://www.uah.bncollege.com

| Student's Name (Please Print Clearly)        |                              |  |
|--|------------------------------|--|
| Address (NO P.O Boxes)                       |                              |  |
| City   | State                        | Zip  |
| Phone  | Email                        |  |
| Textbooks Needed                             |                              | Course # (Example ISE 690)                       |
|  |                              |  |
|  |                              |  |
| Check here if you would like used            | textbooks (if available).    |  |
| Check here if you would like to be           | notified of your total.      |  |
| Payment Information:VisaMasterCardDiscover   | American Express             |  |
| Government Credit Card (Must provide t       | ax exempt #)                 |  |
| Card #                                       | Exp                          | Billing zip                                      |
| Signature of Cardholder                      |                              |  |
| If your employer will be paying for your boo | oks, you MUST provide the fo | ollowing information. Otherwise, Payment will be |
| Name of Employer:                            |                              |  |
| Address:                                     |                              |  |
| City/State/ Zip:                             |                              |  |
|  |                              |  |

## **Shipping Information**

UAH Bookstore will be happy to ship all books and supplies to you. Please contact them directly for further information on this process.

## **Return/ Exchanges**

You must have your receipt to receive a refund or exchange. All books in plastic wrap must be unopened for R/E. Call (256) 824-6600 with additional bookstore questions, or visit: <a href="http://www.uah.bncollege.com">http://www.uah.bncollege.com</a>