



Mail/Fax Registration Form

1000 Viking Drive • Hillsboro, Missouri 63050 • (636) 797-3000 or 942-3000 ext. 3222
 FAX (636) 789-5103 • TDD (636) 789-5772

Term: _____ Jefferson College Student I.D.# _____

Date of Birth ____/____/____

Name: (Last, First, Middle): _____

Previous Name(s): _____

Mailing Address (Street): _____

(City, State, Zip): _____

Telephone (Day): _____ (Evening): _____

County: _____ Date of Birth: _____

Are you a New Student at Jefferson College? Yes No If no, please list your last term enrolled: _____

Jefferson College Degree Intent: Associate of Arts Associate of Arts in Teaching
 (Circle one) Associate of Science Associate of Applied Science
 Career-Technical Certificate Not Degree Seeking

Major Area of Study: _____

Do you expect to graduate at the end of the semester? Yes No

CRN	Subject Course No.	Sect No.	Course Title	Time/Days	Credits

Tuition Payment (Select One)

_____ Self/Family Credit Card Visa MasterCard Discover
 Cardholder Name _____ Amount paid _____
 Cardholder Address _____
 Card Number _____ Exp. Date _____
 Authorized signature _____

_____ Approved Financial Assistance (We automatically deduct from your Financial Aid the amount of your tuition/fees. If you do not have enough Financial Aid to pay your tuition/fees, you must arrange to pay the difference.)

_____ Employer Name of Employer _____

_____ If Employer will not pay prior to course completion, student is required to pay charges up front.

_____ Jefferson College Employee Dependent Employee Name _____

Student Signature: _____ **Date:** _____