



Mail/Fax Registration Form

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

Term: _____ Date of Birth: ____/____/____

Name: (Last, First, Middle): _____

Previous Name(s): _____

Mailing Address (Street): _____

(City, State, Zip): _____

Telephone (Day): _____ (Evening): _____

County: _____

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 Applied Science
(Circle One) Associate of Science Career-Technical Education Certificate
Not Degree Seeking

Major Area of Study: _____

Do you expect to graduate at the end of this 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 _____
Card Number _____ Exp. Date _____

____ 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: _____