



Art Education Institute Registration Form

Student ID, if known: _____

Last Name: _____ First Name: _____ Middle Name _____

Home Address: _____ APT/Building _____

City _____ State _____ Zip Code _____ County _____

Maiden Name: _____ Date of Birth: _____ Gender: Male Female

SSN Number: *Optional* _____ E-Mail: _____

Home Phone#: _____ Cell#: _____ Business#: _____

PA Resident: Yes No Date of Graduation if from Kutztown University _____

Education Background:

Please check the box that represents your educational background:

I have an undergraduate degree I have a graduate degree Other

From what university/college or please explain:

Registration:

Want Housing? Yes No

For Grad Credit? Yes No

Summer Session

Course # and Title

Dates

- | | | |
|--|----------------------------|-------------------------|
| <input type="checkbox"/> ARU 888 | (Workshop-Non-Credit Only) | Dates for Workshop |
| <input type="checkbox"/> Housing--4 Nights | | |
| <input type="checkbox"/> ARU | -Online Course | Dates for Online Course |

Online and Workshop must be taken together.

(Selecting online course will automatically enroll you into the ARU 888 Workshop.)

Professor _____

<input type="checkbox"/> ARU 888	(Workshop-Non-Credit Only)	Dates for Workshop
<input type="checkbox"/> Housing--4 Nights		
<input type="checkbox"/> ARU	-Online Course	Dates for Online Course
Online and Workshop must be taken together.		
(Selecting online course will automatically enroll you into the ARU 888 Workshop.)		
Professor _____		

<input type="checkbox"/> ARU 888	(Workshop-Non-Credit Only)	Dates for Workshop
<input type="checkbox"/> Housing--4 Nights		
<input type="checkbox"/> ARU	-Online Course	Dates for Online Course
Online and Workshop must be taken together.		
(Selecting online course will automatically enroll you into the ARU 888 Workshop.)		
Professor _____		

I testify that the information given is both truthful and correct.

Signature: _____ Date: _____
 Received by: _____ Date: _____