



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

Course # and Title	Dates
<input type="checkbox"/> ARED 888	(Workshop-Non-Credit Only) Dates for Workshop
<input type="checkbox"/> Housing--4 Nights	
<input type="checkbox"/> ARED	-Online Course Dates for Online Course

Online and Workshop must be taken together if taking for credit.

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

Professor

ARED 888

(Workshop-Non-Credit Only)

Dates for Workshop

Housing--4 Nights

ARED

-Online Course

Dates for Online Course

Online and Workshop must be taken together if taking for credit.

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

Professor

PREVIEW ONLY
VOID

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

Signature: _____ **Date:** _____

Received by: _____ **Date:** _____

Registrar's Office, P.O. Box 730, Kutztown, PA 19530 Phone: (610) 683-4485 Fax: (610) 683-1586 Email: regoffice@kutztown.edu