

**THE JOHNS HOPKINS UNIVERSITY – WHITING SCHOOL OF ENGINEERING
ENGINEERING FOR PROFESSIONALS REGISTRATION FORM FOR
(Please indicate semester/term) SPRING [] SUMMER [] FALL [] SEMESTER 20__**

ALL STUDENTS COMPLETE

Please check if this is a new address

***If registering for online courses please provide a current email address that will be checked daily**

SOCIAL SECURITY NUMBER _____ NAME: LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ STATE _____ ZIPCODE _____ COUNTY _____

DAY TELEPHONE _____ EVENING TELEPHONE _____ (required) *E-MAIL _____

I AM EMPLOYED Full-time Part-time

Fax this form and credit card information and/or contract to: 410-579-8049 or send form with payment to:
JHU Dorsey Student Services Center
6810 Deerpath Road, Suite 100
Elkridge MD 21075
If you faxed information, please do not mail it.

EMPLOYER _____

EMPLOYER ADDRESS _____

CHECK ONLY IF YOUR EMPLOYER INFORMATION HAS CHANGED SINCE YOUR LAST REGISTRATION

Refund Schedule

Drop Date	Refund
Prior to third class meeting	100%
Prior to fourth class meeting	75%
Prior to fifth class meeting	50%
Prior to sixth class meeting	25%

GRADUATING THIS YEAR?
Students who expect to receive a degree or certificate must submit an *Application for Graduation* at the beginning of their final semester of course work. Please note that you must complete an application for graduation even if you are not attending the May diploma ceremony. The application page is available on line

List Courses Below

Print all information clearly, including tuition cost, if you want to audit the course place an X in the audit column

Dept	Number	Section	Title of Course	audit	Tuition

FOR OFFICE USE ONLY

Number _____

Date/Data Entry _____

Alternate Courses: if above courses are close, you will automatically be registered for the courses below:

Dept	Number	Section	Title of Course	audit	Tuition

Adviser's Authorization _____

Payment Section All Students must complete this section.

Send completed form with payment to : Engineering Programs for Professionals, Dorsey Center 6810 Deerpath Road, Suite 200, Elkridge, MD 21075

Name: _____ Other fee (if applicable) Total Payment : _____

SSN # : _____

To request a receipt please go to : <http://www.jhu.edu/studacct/>

Check Method (s) of Payment Below

Cash/Amount _____ Check/Amount _____

Financial Aid _____ Employer Contract** _____

Charge Amount* _____ Remission*** _____

* Complete information below **Please attach *** Must provide original voucher

Credit Card Information (complete only if charging payment to a credit card)

Credit Card Type Visa Master Card Discover Expiration Date _____

Account Number _____

Name on Card (Please print) _____

Signature _____

FOR OFFICE USE ONLY

Auth _____

Ref _____

Amt. _____

FA _____