

7000 Mercy Road Omaha, NE 68106 Registrar@csm.edu 402-399-2443 www.CSM.edu

NON-DEGREE SEEKING REGISTRATION FORM

STUDENT INFORMATION							
Last Name		First Name			Middle Name		
Social Security Number:			ne Number:	□Home or □Cell			
Date of Birth:		Email Address: _					
Mailing Address			City		State		Zip
Emergency Contac	t:						
Full Name		Relationship		Phone Number			
Gender:	Ethnicity:			☐ Caucasian			
☐ Female	☐ African American or Black			☐ Hawaiian or Pacific Islander☐ Hispanic or Latino			
□ Male	☐ American Indian/Alaskan Native☐ Asian			☐ Two or more races:			
REGISTRATION INFORMATION							
Current course schedule and descriptions can be found on the Self-Service Section search.							
REGISTRATION TYPE							
 □ Non-Degree □ Graduate Education Certification □ Grant □ Senior (over 65) limit of 3 free credits □ Alum Audit (no credit) limit of 3 free credits 							
Semester (Ex. Fall 2024):							
Course ID (Ex. ENG 101)		Section (Ex. D1)	Title				Credits
Signature:					Date:		
Return this form to the Registrar's Office. After processing, your registration will be sent to you. A billing statement will also be sent to you through Student Accounts. Payment is due before the class begins.							