Non-Degree Seeking Student Form

Mail-In and On-Site Registration Form
Mail-In Registration: Complete both sections of this form and fax or mail to:

Office of Adult & Continuing Education
Delaware State University
1200 N DuPont Highway
Dover, DE 19901-2277
Attn: Adult & Continuing Education (Name of Course #2602)

On-Site Registration: In-person Registration at the Dover Campus will be held until the last day to add classes. Please
Make check or money orders payable to:

Delaware State University Adult & Continuing Ed Memo: (Name of Course #2602)
Make credit card payment by calling:

Phone: (302) 857-6822
Fax: (302) 857-6823

**MENTION: Adult & Continuing Education (Name of Course #2602)

Non-Degree Seeking Student Form
Office of Adult and Continuing Education
Phone (302)857-6822 or 6825/ Fax (302)857-6823
SECTION 1- PERSONAL DATA
*Mandatory Fields. This form will not be processed if fields are not completed.
*First: _________________________ *Middle: ___________________ *Last:
__________________________________
*Address: __________________________________ *City/State/Zip:
__________________________________

Student ID#:_________________________ *Social Security#:___________________ *Phone: (________)

*DOB: _____/_____/______ *Sex: _____M_____F *Email Address: __________________________________

*Race: Are you Hispanic or Latino? ____ Yes ____No
Please select one or more of the following categories: ____American Indian or Alaska Native ____Asian
____Black or African American ____ Native Hawaiian or Other Pacific Islander ____White
*Are you a returning Delaware State University student? Check one: ____Yes _____No
If yes, give last date of attendance: _________________
*Enrollment Status- Check the Appropriate Box Below:

☐ Currently enrolled student (Register @ my.desu.edu) after obtaining alternate pin from Academic Advisor

☐ NON-Degree Seeking Student (Undergraduate students may take up to 12 credit hours. Graduate students may take up to 9 credit hours only).

☐ New Student – Still in High School

☐ Adult and Continuing Education (ACE)

☐ Senior Citizen (62 and over)

☐ Distance Learning

☐ Delaware Teachers (Summer Only)

*STATEMENT OF RESIDENCE MUST BE COMPLETED by applicants who are residents of the state of Delaware:

I have maintained continuous residence in the state of Delaware from ________________to ________________.

The latest year for which I have filed a federal tax form (1040) as a Delaware Resident is ________________.

SECTION 2 - COURSE SELECTION The University reserves the right to cancel courses due to insufficient enrollment.

Office Comments:

Term: FA ______ SP ______ SUM ______

CRN/Dept#/Course/Section Credit Title of Course Time Day Registration Error
(Please see comments)
Yes No
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________

*Student Signature _____________________________ Date: _____________________