

### Program Registration Form

<p style="text-align: center;"><b>Instructions for Mail-in Registration: Complete Sections 1-2 of this form and mail to:</b></p> <p style="text-align: center;">Office of Testing Services &amp; Adult and Continuing Education Delaware State University 3931 Kirkwood Hwy, Wilmington, DE 19808</p>	<p style="text-align: center;"><b>Instruction for Online Registration: Complete Sections 1-2 of this form and email to:</b></p> <p style="text-align: center;"><a href="mailto:ace@desu.edu">ace@desu.edu</a></p>	<p style="text-align: center;"><b>Instructions for On-Site Registration: Come to the following address to register:</b></p> <p style="text-align: center;">Office of Testing Services &amp; Adult and Continuing Education Delaware State University 3931 Kirkwood Hwy, Wilmington, DE 19808</p>
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For registration to be processed, a **mandatory, non-refundable** registration fee of **\$35.00** MUST be paid.

<p style="text-align: center;"><b>Include your check or money order made payable to:</b></p> <p style="text-align: center;">Delaware State University Adult &amp; Continuing Ed Memo: (i.e. TSP, ACE, TTC, etc.)</p>	<p style="text-align: center;"><b>Go to the link below:</b> <a href="https://www2.registerblast.com/desu/Checkin/Register">https://www2.registerblast.com/desu/Checkin/Register</a></p> <p style="text-align: center;"><b>Click on the Link Labeled:</b> Testing Services &amp; Adult and Continuing Education Course Registration</p> <p style="text-align: center;"><b>Proceed through the following link, fill out the form, and submit. Email <a href="mailto:ace@desu.edu">ace@desu.edu</a> once submission has been made.</b></p>	<p style="text-align: center;"><b>Payment will be taken upon registration on-site</b> <b>Payment accepted via credit card</b></p>
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PLEASE PRINT LEGIBLY (DO NOT WRITE IN CURSIVE). USE DATES AS NEEDED. FILL ALL FIELDS COMPLETELY.  
\* indicates required field. ASAP is not an acceptable answer.

SECTION I – PERSONAL DATA			
<b>*FIRST NAME:</b>	<b>*MIDDLE INITIAL:</b>	<b>*LAST NAME:</b>	
<b>*ADDRESS/P.O.BOX:</b>			
<b>*CITY:</b>	<b>*STATE:</b>	<b>*ZIP CODE:</b>	
<b>*LAST FOUR OF SOCIAL SECURITY # OR SOCIAL INSURANCE #:</b>		<b>*DATE OF BIRTH:</b>	
<b>*ETHNICITY:</b>		<b>GENDER:</b>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>*EMAIL ADDRESS:</b>		<b>PHONE NUMBER:</b>	
<b>*OCCUPATION:</b>		<b>*JOB TITLE:</b>	
<b>*EMPLOYMENT STATE DATE</b>	<b>*EDUCATIONAL ATTAINMENT</b>	<b>*WORKFLOW STATUS</b>	
<b>IF YOU ARE A DSU ALUMNI, STUDENT, STAFF MEMBER OR FACULTY, PLEASE PROVIDE YOUR D#:</b>			
SECTION II – PROGRAM REGISTRATION			
<b>*NAME OF PROGRAM:</b>			
<b>*START DATE OF PROGRAM?</b>	<b>*END DATE OF PROGRAM?</b>	<b>*WHEN WOULD YOU LIKE TO START PROGRAM?</b>	
<b>*TYPE OF PROGRAM:</b>			
<input type="checkbox"/> Face to Face <input type="checkbox"/> Hybrid <input type="checkbox"/> Online			
<b>*PROGRAM OFFERED:</b>			
<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends			
<b>*WHY ARE YOU CHOOSING TO TAKE THIS COURSE/TRAINING? (CHECK ALL THAT APPLY)</b>			
<input type="checkbox"/> Employability <input type="checkbox"/> Upskilling <input type="checkbox"/> Promotional/Professional Development <input type="checkbox"/> New Job Training <input type="checkbox"/> Career Transition <input type="checkbox"/> Personal Enrichment			

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PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE