

CGEP Visiting Student Class Registration Form

PERSONA	AL INFORMA	ATION				
Name (first, middle, last)					Birthdate (MM/DD/YY)	
Mailing Address		City	State	Zip Code		
Preferred Telephone Number				Email Ado	Email Address	
CLASS EN	NROLLMENT					
Class #	Section	Course Title		I	nstructor	
TUITION,	FEES, BILLIN	IG, & PAYMENT				
paymen sfs@virg	t options ginia.edu	and policies, see	their website at $\underline{\mathbf{k}}$). The tuition and	nttp://sfs.virginia.ed	information on billing and u/or reach their office at academic year can be found	
CONTAC	T INFORMA	TION				

Please direct all questions and completed registration forms via email to cgep@virginia.edu.

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