Osher Lifelong Learning Institute Course Registration Form
Hampton University
University College

Applicant Information
Please type or use black ink. Print clearly. Each member must use a separate form.

_________________________________________________________            ______________________                ___________________
Last Name                       First Name                            Middle Initial                    HU-ID (Osher Members)                        Date

___________________________________________          _____________________             _______                       ______________
Mailing Address       City                           State                            Zip Code

Daytime Phone            Evening Phone                 Fax               Birth Date
Male          Female

_______________________________________
Yes       No

E-mail Address                                                                        HU/Alumna/us?                          Grad Year            Degree

Have you ever registered for a Hampton University credit or non-credit program? Yes _____ No _____
If yes, please indicate your name when you registered (if different from above):

Course Information

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Start Date</th>
<th>Course Number</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample: Ballroom Dancing</td>
<td>8/30/2008</td>
<td>55555</td>
<td></td>
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</tbody>
</table>

Payment Information:      Your payment MUST accompany this form.

☐ Check: Please enclose check made payable to Hampton University. When paying by check, payment of membership application and course registration MUST be submitted on separate checks.

☐ Credit Card: We accept VISA, Mastercard or American Express. Please complete the following:
   Please charge my: ☐ VISA  ☐ Mastercard  ☐ American Express

Account Number: __________________________ Expiration Date: __________________________
Cardholder’s Name: ______________________ Card Verification Number: ______________________
Signature: ______________________________ Amount to be charged: $ ______________

*REQUIRED: The card verification number (CVN) on VISA and Mastercard charge cards follows the card number written on the signature strip on back of your card. On American Express cards, the number is on the front of the card.

Please mail or fax your application to:
Hampton University
Osher Lifelong Learning Institute
University College
PO Box 6162
Hampton, Va. 23668
SECURE FAX: 757-728-4175

[Signature]