

# GUEST REGISTRATION FORM

(For students who are not currently attending CMU)

## Recreation Fieldwork Credit Program

Name: \_\_\_\_\_  
Last First Middle Initial

Permanent Address: \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip County

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_  
Note: Please list an e-mail address that will be valid for use during your DCP experience.

Social Security Number: \_\_\_\_\_ Sex: male \_\_\_\_\_ female \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthplace: city/state \_\_\_\_\_

Emergency Info (parent name): \_\_\_\_\_ Phone: \_\_\_\_\_

Ethnic/Racial Background: \_\_\_\_\_ African American \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian  
 \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American Indian

High School attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Grad Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month - Yr

HS Attendance dates: from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Diploma \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month-Yr Month-Yr Month-Yr

University/College (currently attending) : \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current GPA: \_\_\_\_\_  
Month-Yr

Major: \_\_\_\_\_ Placement Location: Disney World \_\_\_\_\_ Disneyland \_\_\_\_\_

Course/Credit Desired: **RPL 318 Field Course in Recreation Specialization (1-15 credits)** \_\_\_\_\_ credit  
List # of credits desired

Semester attending Disney Program (check one & insert year): \_\_\_\_\_ Fall 20 \_\_\_\_\_ Fall Advantage 20 \_\_\_\_\_  
 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Spring Advantage 20 \_\_\_\_\_

Disney Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Payment: \_\_\_\_\_ check (make payable to "CMU") **Current Tuition is \$295 per credit with additional one time admission fee: \$40**  
 \_\_\_\_\_ credit card Future tuition rate is subject to change.  
**(Transfer of financial aid is not available for guest students)**

Credit card Info: \_\_\_\_\_ Visa \_\_\_\_\_ Master card \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail / email completed form and payment to: Dean Wallin, Center for Leisure Services, Finch 109A, Central Michigan University, Mt. Pleasant, MI 48859**