



HARVARD EXTENSION SCHOOL

Division of Continuing Education

Student Financial Services Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 495-2921

Registration Changes Form

**For any changes that result in additional charges, include Payment Form and full payment.
Course changes received without sufficient payment will not be processed.**

TERM <input type="checkbox"/> Fall <input type="checkbox"/> Spring	DCE ID NUMBER (if known) @	OR	HARVARD ID NUMBER (if known)	DATE OF BIRTH example: JAN 01 1994		
	(see www.extension.harvard.edu/login if unsure)			Month (MMM)	Day (DD)	Year (YYYY)

FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

General Instructions

Update your email address and mailing address in Online Services.

Print all information requested and sign and date the bottom of the form. Indicate below the type of change(s) you wish to make:

- I wish to make one or more course or credit status changes.
- I wish to withdraw from all my courses.

Course Change and Withdrawal Instructions

Refer to specific course descriptions for registration deadlines, because some courses do not follow the full academic calendar.

Write ADD, DROP or CREDIT STATUS CHANGE in TYPE OF CHANGE column. Copy information for each course exactly as it appears on the website course description. If you are changing credit status, write the code: NC (noncredit), UN (undergraduate credit), GR (graduate credit) for the status to which you are changing.

Type of change (see above)	5-digit course no.					Subject	Subject number	Course title and section number, if applicable	Credit status (NC, UN, GR)	Balance
ADD	1	2	7	1	3	ENGL	E-102	Introduction to Old English Literature (<i>example</i>)	UN	\$
							E-			\$
							E-			\$
							E-			\$
							E-			\$
									Payment or refund due	\$

I certify that all of the above information is true and complete to the best of my knowledge.

Signature _____ Date _____

Digital signatures are not accepted. Document must be signed with a real signature.

For office use only

Staff _____ Date _____

Staff _____ Date _____



HARVARD EXTENSION SCHOOL

Division of Continuing Education

Student Financial Services Office, 51 Brattle Street, Cambridge, Massachusetts 02138-3722 • Fax: (617) 495-2921

2017-18 Registration Payment Form

This completed form must be submitted with the Registration Form before your registration can be processed.

Please clearly print all information.

DCE ID NUMBER (if known) @	HARVARD ID NUMBER (if known)	DATE OF BIRTH example: JAN 01 1994
(see www.extension.harvard.edu/login if unsure)		Month (MMM) Day (DD) Year (YYYY)

FULL LEGAL NAME (exactly as printed on your government-issued ID)		
Last/Family/Sur name(s)	First/Given name(s)	Middle name(s)

PRESENT ADDRESS (number, street, and apartment number)			
Street			
City		State/Province	Zip/Postal code
Country (if not US)	Telephone number (including area/country code)	Cell phone number (including area/country code)	
Email address (Must be student's personal and unique address. Please provide only one email address.)			

I certify that all of the above information is true and complete to the best of my knowledge.

Signature _____ Date _____

Digital signatures are not accepted. Document must be signed with a real signature. If under 18 years of age, parent or guardian also must sign.

Payment type (check one):

- Personal check* Investment/Trust fund check* Third-party check* Bank check/Money order* Credit card (see below)

* Please make checks payable to Harvard University. Include your name and date of birth on your check.

- I am a Harvard Extension School admitted degree candidate with financial aid.
- I am a Harvard University employee, eligible for TAP. I have attached a completed TAP form and included the TAP payment.

Payment by Credit Card

You must complete all of the following sections before your registration can be processed.

AUTHORIZATION
You must check the authorization box and enter the amount to be charged.
<input type="checkbox"/> I authorize Harvard University to charge my credit card in the amount of \$ _____.

CARD
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover

CARD NUMBER	EXPIRATION DATE example: JAN 2017	SECURITY CODE
	Month (MMM) Year (YYYY)	

* The credit card security code is found either on the back of the card, as the last three digits printed on the signature strip, or, for American Express, as a four-digit code found on the front of the card, above and to the right of the credit card number.

CARDHOLDER'S NAME (please print)	CARDHOLDER'S SIGNATURE

CARDHOLDER'S BILLING ADDRESS		
Street		
City	State/Province	Zip/Postal code
Country (if not US)	Cardholder's telephone number (including area/country code)	