



Return form to:
 Austin Peay State University
 Center for Extended and Distance Education
 P O Box 4678
 Clarksville, TN 37044

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Fax Number: _____

Email Address: _____

Social Security Number: _____

Information requested for statistical reporting purposes only:

_____ Male _____ Female Date of Birth: _____

Course Number	Course Title	Start Date	Fee
Online Course Number	Course Title	Start Date	Fee

Note: You must register for online courses at www.ed2go.com/apsu as well as with this form.

Payment Method:

_____ Cash or Money Order _____ Check (made out to APSU) _____ Visa _____ MasterCard

Credit Card Number: _____ Expiration Date: _____

Name of Cardholder: _____

Cardholder Signature: _____