

Class Registration Signup Form



Submission Date

Your Name

Your Current Courses

Your Mailing Address

Date of your Birth

Your SSN # (Secure)

Your E-mail

**Highest Degree Earned:
(Bachelor's Degree Required)**

**Religious Affiliation (not
required)**

Your Mobile Number

Your Home Number

Your Work Number

**If you currently teach at a
school, please list the name
of the school.**

**Did you receive previous
credit through MNU?**

**Do you have a teacher you
want to request? Type their
name below.**

**Provide your ethnic or racial
information for statistical
purposes.**

Veteran Status

Marital Status