

# UNIVERSITY OF ATLANTIA

## REGISTRATION FORM

NAME (LEGAL) \_\_\_\_\_

NAME (SCA) \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME GROUP \_\_\_\_\_

**Check all that  
apply:**

First SCA event

First University

Teaching

**TIME    COURSE TITLE**

Period 1 \_\_\_\_\_

Period 2 \_\_\_\_\_

Period 3 \_\_\_\_\_

Period 4 \_\_\_\_\_

Period 5 \_\_\_\_\_

Period 6 \_\_\_\_\_

ALL COURSE FEES ARE PAYABLE TO THE INSTRUCTOR AT THE BEGINNING OF THE CLASS.

PLEASE PRINT LEGIBLY.

All Registrations must be postmarked ten days before the University Session.

**MAIL COMPLETED FORM TO:**

**University of Atlantia Registrar**

Jen Thies

2113 Aventurine Way

Silver Spring, MD 20904

