

INTERNATIONAL UNIVERSITY FOR GRADUATE STUDIES
DEGREE CANDIDATE
REGISTRATION FORM FOR ON-LINE COURSES

Please complete this form and mail with your payment to:
U.S. Information Center Corp., 3611 Henry Hudson Pkwy. Riverdale, NY, 10463

Name:.....

Street Address or P.O.Box:.....

Apt #:

City:

State/Province:.....

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Postal Code/Zip Code:.....

Telephone:

Home:.....

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Course Registration Number	Amount
a).....	\$.....
b).....	\$.....
c).....	\$.....
e).....	\$.....
f).....	\$.....
Total Amount	\$.....

If you are a degree candidate list your program and degree being sought:.....
.....

Are you seeking the above course(s) for licensing, certification or other professional purposes? yes no

Please list:.....

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If you have any questions please call 1-888-989-4723, Monday through Friday from 10:30 AM to 4:00 PM, E.S.T., or you can email your inquires to admissions@iugrad.edu.kn.