

DE Remote Registration Form



Semester (Circle One): Fall Spring Summer Year: _____

Last Name: _____ First Name: _____

Empl. ID or SSN: _____

High School: _____ Expected Year of High School Graduation: _____

Phone: _____ Email: _____

Subject	Catalog No.	Section	Class Location	Lab?	Days and Time	Credit Hours	Course Code

EXAMPLE

CST	100	71A	Franklin	No	MWF 8:00-9:30	3	67123
BIO	220	51B	Suffolk	Yes	TTh 1:00-2:45	4	45812
ITE	115	99A	Online	No	Online	3	72135

Not sure which courses you need? Contact a guidance counselor at a campus near you:

Franklin Campus
(757) 569-6797

Suffolk Campus
(757) 925-6306

DE Coordinator
(757) 569-6081

Payment is expected at the time of registration. Unpaid for courses may be dropped from registration beginning one week after the class start date.

Upon review of this registration, an advisor/counselor will contact you via email.

By signing, the parent or guardian consents to pay in full for the classes as requested above.

Parent or Guardian Signature

DE Coordinator: Jeanette Pellegrin
jpellegrin@pdc.edu
(757) 569-6081