

Spring  Sum1  Sum2  Fall  Winter Year: \_\_\_\_\_

**STUDENT INFORMATION**

**Full Legal Name:** \_\_\_\_\_  
 Last First Middle Former/Maiden

**Permanent Address:** \_\_\_\_\_  
 Street City State Zip Code

Is this a change of address since your last attendance?  Yes  No

**Social Security #:** \_\_\_\_\_ **Date of Birth (Day/Month/Year):** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

Please sign, verifying that this is your LEGAL name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR REPORTING PURPOSES**

**Gender:**  Male  Female

**Race/Ethnicity:**

- Asian or Pacific Islander  Hispanic
- Black, Non-Hispanic  White, Non-Hispanic
- American Indian or Alaskan Native  Cape Verdean
- Other (please specify): \_\_\_\_\_

**Education Level Completed:**

- High School  Bachelor's Degree  Master's Degree

**Military Veterans:** Please provide a copy of your Form DD-214 (discharge papers) to the Registrar's Office (located in the lower level of the Sanders Building) if you wish to determine your eligibility for educational benefits.

**COURSE SELECTION**

CRN	Course #	Course Title	Day/Time	Credits
30779	MGMT9170	SAMPLE Corporate Finance SAMPLE	SAMPLE M 6-8:30 pm SAMPLE	3

**MASTERCARD, DISCOVER, AMERICAN EXPRESS OR VISA**

Card #	Exp. Date
Billing Street Number	Zip Code
Signature Authorizing Payment	

**OFFICE USE ONLY**

ID: \_\_\_\_\_  
 Approval #: \_\_\_\_\_

**PLEASE RETURN TO THE OFFICE OF THE REGISTRAR**