

Complete, sign and date this form and submit it to the Registrar's Office with official transcripts from all colleges/universities attended for processing. **Students will not be enrolled until the form is processed.**

Please print or type all information clearly.

Student's First Name:		Student's Last Name:		Date of Birth (mm/dd/yy):	Email:
Address:			City/State/Zip:		Phone Number:
Citizenship:	<input type="checkbox"/> U.S. Citizen or U.S. National		<input type="checkbox"/> U.S. Dual Citizen		<input type="checkbox"/> U.S. Permanent Resident
	<input type="checkbox"/> Other (Non-U.S.)		<input type="checkbox"/> U.S. Refugee or Asylee		
Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Are you Hispanic or Latino?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Regardless of your answer to the prior question, please indicate how do you identify yourself (Select one or more):	<input type="checkbox"/> American Indian or Alaska Native			<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> White	

Effective Semester:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer	Year: 20 _____	Major:
Institution Currently Attending:					
Are you eligible to return to your institution?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Course Information				
CRN	Course Prefix	Course No.	Course Section	Course Title

Student Signature:	Date:
Dean Signature:	Date:
Dean Name: (Please Print)	

TO BE COMPLETED BY REGISTRAR'S OFFICE					
Course Pre-Requisites Met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	PROCESSED BY	DATE
Transcript Received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
Student Notified	<input type="checkbox"/>				
W#:					