



Note: Form Must Be Filled Out COMPLETELY or It Will Not Be Processed

Date _____

School Year _____

Summer Fall Spring

Form with fields: Social Security Number, Last Name, First Name, Initial, Permanent Mailing Address, City, State, Zip Code, Phone Number(s), Birthplace (City, State), Birthdate (month/day/year), E-mail Address

Demographic Information

Gender: Male Female
Marital Status: Married Single
U.S. Citizen? Yes No
Utah Resident? Yes No

Ethnic Background

Native American African American
 Hispanic Pacific Islander
 Caucasian Asian
 Other _____

Please List Last School Attended:

Table with 3 columns: School, Dates Attended, Degree Awarded

SIGNATURE OF STUDENT _____

Class Registration

Table with 7 columns: Name of Course, Department, Course #, Section #, Credit Hrs., Instructor, Cost. Includes a Total row at the bottom right.

Method of Payment

Check or Money Order only, credit cards are no longer accepted.

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FOR OFFICE USE ONLY

Check # _____

Date _____

Cashier _____