



ENROLLMENT FORM

Legal Name:

_____ Last First Middle Maiden or Other

Address:

_____ Street City State Zip

Phone Numbers:

() _____ () _____
Home Work or Other

Email Address:

SSN:

Employer:

Title:

Birth date:

Check One:

Male

Female

Ethnicity – Check one:

African American

American Indian/Alaskan Native

Asian/Pacific Islander

Hispanic

Caucasian

U.S. Citizen:

Yes

No*

If no, what is country of citizenship?

If no, please attach a copy of your visa.

Educational Background

High school graduate or GED?

Yes

No*

Name of high school:

** If you do not have a high school diploma or GED, we cannot document credit for courses.*

Undergraduate Study (Please list all postsecondary institutions attended and degrees earned.)

Name of Institution

Location

Dates Attended

Degree

Credit Hours

Continued on Reverse Side

