



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

