

Last Name	First Name	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security #	Student ID #	Date of Birth (m/d/y)
<input type="text"/>	<input type="text"/>	<input type="text"/>



Office of the Registrar
 1101 Camden Avenue
 Salisbury, MD 21801-6860
 410-543-6150
 1-888-543-6080
 TTY 410-543-6080
 FAX 410-677-5078
 Email: Registrar@salisbury.edu

Course Registration Form for _____ Year.

Check the appropriate term:

Winter Spring
 Summer I Summer II
 Fall

Permanent Address		Local Address	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

E-mail Address:

Permanent Phone #	<input type="text"/>	Local Phone #	<input type="text"/>
Work Phone #	<input type="text"/>	Cell Phone #	<input type="text"/>

Are you a Maryland Resident? No Yes* *If yes, you must Complete our Residency Form unless you have submitted a form within one calendar year

Are you a US Citizen? (for statistical data only)
 Yes No – Specify country of citizenship

Gender Male Female

Ethnic Group – optional ** (check the appropriate group):
 American Indian/Alaskan Native Black White
 Asian/Pacific Islander Hispanic Not Applicable

** This is a voluntary question. The University may be required to report enrollment numbers to the U.S. government by race or ethnic origin.

Student Classification

Have you ever attended SU before?
 No Yes- last term & year attended:

Are you currently attending high school? No Yes
 If yes, what level? Freshman Sophomore Junior Senior

Undergraduate Student
 Are you currently admitted to SU? Yes No
 Have you earned any college credit at another institution? Yes No

Graduate Student
 I am currently admitted to a graduate program at SU.
 I am not admitted but may apply to a graduate program in the future.
 I do not intend to apply to a graduate program in the future.

Check the area of academic interest from the following:
 Applied Health Physiology Business Education
 Education Administration Education/Math Education/Reading
 English/TESOL History Nursing
 Master of Arts in Teaching Social Work

I certify that I have (or will have) completed a bachelor's degree from the regionally Accredited institution (or international equivalent) specified below, by my start date. I will have an official copy of this transcript sent to the Office of Admissions by the end of my first term.

Institution:

Classes You Wish To Register For

Class #	Subject	Catalog #	Section #	Course Title	Units	G/U	Audit

I certify the information given is correct to the best of my knowledge.

Type or sign name **Date:**

