

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



Office of the Registrar  
1101 Camden Avenue  
Salisbury, MD 21801

410-543-6150  
1-888-543-0148  
TTY 410-543-6080  
FAX 410-677-5078  
www.salisbury.edu

**Course Registration Form for Year \_\_\_\_\_.**

**Check the appropriate term:**

Winter       Summer  
 Spring       Fall

<b>Permanent Address</b>		<b>Local Address</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>E-Mail Address</b>	<input type="text"/>		
<b>Permanent Phone</b>	<input type="text"/>	<b>Local phone</b>	<input type="text"/>
<b>Work Phone</b>	<input type="text"/>	<b>Cell Phone</b>	<input type="text"/>

**Student Classification**

Have you ever attended SU before?  No       Yes – last year and term attended

Are you currently attending High School? \*  Yes       No  
\*If yes, please submit approval letter from High School/Home School Counselor

**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.

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:

**Are you a Maryland Resident?**  No       Yes \*      \* If yes, you must complete our Residency Form unless 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 – Colleges and universities are asked by many, including federal and state governments and national surveys, to describe the racial/ethnic backgrounds of our students. These responses are not used to determine eligibility for admission. Please answer both questions.**

**Ethnicity** Are you of Hispanic or Latino origin  Yes       No

**Race**      Select one or more of the following categories:  
 White  
 Black or African American  
 Asian  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

**COURSE SELECTION – please provide alternative in case course is closed**

Class No.	Subject	Catalog	Section	Course Title	Units	G/U	Audit?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Type or Sign Name       Date