UNIVERSITY OF DAYTON
GRADUATE REGISTRATION FORM
FOR DEGREE AND NON-DEGREE STUDENTS

NAME (Last, First, Middle)	**SOCIAL SECURITY or STUDENT ID NUMBER (REQUIRED)**
Former Name(s)	**DATE OF BIRTH:**　　　　　Sex: ☐ M ☐ F

MAILING ADDRESS (Number & Street)	**TELEPHONE INFORMATION**
	Home Phone
City, State, Zip	**Cell** Phone
BILLING NAME & ADDRESS (if different than above) Name	**Work** Phone
	My preferred contact number during business hours is the above ☐ Home ☐ Cell ☐ Work *or* Other _____
Number & Street	**E-MAIL ADDRESS**
City, State, Zip	

Are you a US Citizen or Permanent Resident?　☐ Yes　☐ No

If no, specify country of citizenship, type of Visa, and Visa expiration date:

ENROLLMENT HISTORY AT UD	ENROLLMENT STATUS
Have you attended UD before?　☐ Yes　☐ No **If yes,** did you attend as an　☐ undergraduate　☐ graduate　☐ both Approximate date of last UD attendance _____	☐ I am enrolled in the following UD Degree, Certification, or Licensure Program:　　　☐ I am non-degree seeking 　　Do you plan to enter a Degree, Certification or Licensure Program at a later date? 　　☐ Yes　☐ No

UNDERGRADUATE DEGREE INFORMATION

Name of Degree-Granting Institution	Degree	Major	Date Received

OPTIONAL INFORMATION
(for statistical purposes only)

Ethnicity		Marital Status	Religion		
☐ American Indian or Alaskan Native	☐ Hispanic	☐ Married　☐ Single	☐ Catholic	☐ Muslim	☐ Other
☐ Asian or Pacific Islander	☐ White, Non-Hispanic		☐ Jewish	☐ Other Christian	☐ No Preference
☐ Black, Non-Hispanic	☐ Other				

STUDENT'S SIGNATURE	**DATE**

COURSE REGISTRATION

This is a registration form for **Term**　☐ Fall　☐ Winter　☐ Summer I　☐ Summer II　☐ Full Summer　　　**Year** _____

Course Location:　☐ Main Campus　☐ Off-Campus Site _____　　Will you graduate this term?　☐ Yes　☐ No

Dept. & No.	Section No.	Brief Title of Course	Sem. Hours	Credit Type	Approval

Types of Credit:　　　G - Graduate　　　U - Undergraduate　　　X - Audit

FOR OFFICIAL USE ONLY	Advisor's Signature	Date Approved