



Concurrent Student Registration Form

Applicant Information

Name:

Date of Birth:

SSN:

Phone:

Current Address:

City:

State:

ZIP:

email:

Educational Data

High School Attended:

Address:

Date of High School Graduation (MM/YY):

Emergency Contact

Name:

Address:

City:

State:

ZIP:

Phone:

Relationship:

Course Information

Semester you wish to enroll:

Fall

Spring

Summer

Year

Have you ever enrolled at University Center?

Yes

No

If yes, when?

CRN No.	Course No.	Course Title	No. of Credits	Univ.	Day of Week	Time

In order to be enrolled as a concurrent student, you must obtain signatures of approval from the following:

- Approval of Parent: _____
- Approval of School Official: _____