



UNIVERSITY CENTER REGISTRATION FORM

(For Non-Degree Seeking/SPEC.SPEC Students)

This form is not an application for admission or financial aid.

Semester and year you wish to enroll:

Fall Spring Summer Year: _____

Office Use Only
Date Rcvd: _____
By: _____

Legal Name: _____ Colleague ID Number _____
Last First Middle

Former Name(s): _____ Preferred First Name: _____ Birth Date: _____
If some of your records are under a former name please be sure to list that information above.

PERMANENT MAILING ADDRESS

Street: _____ City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ - _____ Email Address: _____

EMERGENCY CONTACT

Name: _____ Relationship to you: _____

Telephone: (____) _____ - _____

INFORMATION REQUEST: The information requested below is used to comply with Title VI of the Civil Rights Act of 1964. As an applicant, responding to these questions is optional and your response will in no way affect your admission. However, we are asking for the information now to avoid a separate request once a person is an enrolled student. We use the data in aggregated form only to comply with federal reporting requirements. **Gender:** Male Female
Choose one: Non-Hispanic or Non-Latino Hispanic or Latino White American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander

RESIDENCY INFORMATION

Have you lived in South Dakota for the past 12 months? Yes No - In what state/county are you a resident of? _____

If you are a South Dakota resident, but you have not lived in South Dakota for the past 12 months, please explain: _____

USA Resident Alien Other: (Specify citizenship) _____ Country of Birth _____

EDUCATIONAL DATA

High School Attended: _____
School City State

Date of High School Graduation (MM/YY) ____/____ **OR** Date of GED (MM/YY) ____/____

COURSE REGISTRATION INFORMATION (Attach Required Immunization/Transcript Documentation)

Have you ever enrolled in classes at another post-secondary institution? No Yes, where? _____
 Undergraduate **OR** Graduate: **Graduate Students Only: Bachelors** Degree From: _____ YR _____
Students must specify a "Home University". Choose one: USD SDSU DSU NSU BHSU

SYN (5 Digit #)	COURSE (Prefix & No.)	COURSE TITLE/NAME	# OF CREDITS	UNIVERSITY OFFERING	DAY(S) OF WEEK	TIME(S)

SELECTIVE SERVICE: Pursuant to South Dakota Codified Law 13-53-1.1, no male person born after December 31, 1959, may enroll at any state-supported college or university until he has answered the below statement in the affirmative: Do you certify that you are registered with the Selective Service pursuant to the Military Service Act, 50 U.S.C. 453, as amended and in effect as of January 1, 1988, or that for a reason specified in 50 U.S.C. 453, you are not required to be registered? **PLEASE ANSWER:** Yes No

To the best of my knowledge, all answers I have provided on this form are complete and accurate. I understand that an admissions decision will be based on this information, as well as, other relevant academic and administrative information. If admitted, I agree to observe the rules and regulations of the SDBOR and pay all tuitions and fees/charges assessed thereunder. Participating SPEC.SPEC Students are responsible for tuition, fees, course materials/books and other charges as designated. <http://sduniversitycenter.org/student-services/business-office/tuition-costs/>

Signature of Student: _____ Date: _____