



Course Registration Form

			Term		Year
Last 4 digits of Social Security Number XXX-XX-____	Last Name (Legal Name)	First Name (Legal Name)		Initial	Date of Birth MO DAY YR.
					Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnic Group <input type="checkbox"/> American Indian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Non-Resident Alien		Religion <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> Other <input type="checkbox"/> Muslim	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Student Visa	Country of Birth	
Address		City	State		Zip Code
Cell Phone		Home Phone	E-mail		
Degree Seeking? <input type="checkbox"/> Doctorate <input type="checkbox"/> Bachelor <input type="checkbox"/> Non (Non-major) <input type="checkbox"/> Master <input type="checkbox"/> Associate <input type="checkbox"/> Certificate		Major	Letter of Acceptance from Admissions Office <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever attended Gwynedd Mercy University? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No			Ever attended any other colleges? If yes, when? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Course Code	Section	Credit

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Student Signature _____

Date _____

Advisor _____

Date _____

Program Chair/Director _____

Date _____