

# University of Saint Mary Registration Form

Student ID# \_\_\_\_\_

Legal Name \_\_\_\_\_  
**(Please print)** Last First Middle (Preferred Name/Nickname)  
 Home Permanent Address \_\_\_\_\_ Advisor \_\_\_\_\_  
 Street City State Zip Code

Phone Number (home) (\_\_\_\_) \_\_\_\_\_ (work/ cell) (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home County (**KS** residents only) \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ SS# \_\_\_\_\_

\* Local Address \_\_\_\_\_  
 (If different from above) Street City State Zip Code

Local Phone Number (home) (\_\_\_\_) \_\_\_\_\_ USM E-Mail Address \_\_\_\_\_

**Citizenship Status:** \_\_\_\_\_ **Classification:** \_\_\_\_\_ **Check all descriptors that fit you:** \_\_\_\_\_  
 \_\_\_\_ (US) US Citizen \_\_\_\_ freshman (0-29 hours) \_\_\_\_ first-time freshman (first time attending college since high school graduation)  
 \_\_\_\_ (NC) Naturalized Citizen \_\_\_\_ sophomore (30-59 hours) \_\_\_\_ veteran seeking Veterans Administration benefits  
 \_\_\_\_ (RA) Resident Alien \_\_\_\_ junior (60-89 hours) \_\_\_\_ bachelor's degree graduate from (name of college \_\_\_\_\_)  
 \_\_\_\_ (IS) International Student \_\_\_\_ senior (90 + hours) \_\_\_\_ current high school student  
 \_\_\_\_ second bachelor's degree \_\_\_\_ senior citizen (62 years or over)  
**Residence:** \_\_\_\_ unclassified (Post Baccalaureate) \_\_\_\_ Sister of Charity of Leavenworth  
 \_\_\_\_ Resident Student (Room \_\_\_\_\_ Phone Ext. \_\_\_\_\_)  
 \_\_\_\_ Commuting Student (Please indicate local address above \* if not living at permanent home address.)

Term for which you are enrolling (circle one): Fall Spring Summer 20\_\_\_\_

Have you attended USM before? \_\_\_\_ Yes \_\_\_\_ No If yes, name while attending: \_\_\_\_\_

Are you seeking a degree from USM? \_\_\_\_ Yes \_\_\_\_ No If yes, circle one: AA BA BS BSN

Anticipated major(s): \_\_\_\_\_

Expected date of graduation (term and year) Fall Spring Summer 20\_\_\_\_

Are you seeking Teacher Certification? \_\_\_\_ Yes \_\_\_\_ No If yes, \_\_\_\_ elementary education \_\_\_\_ secondary education  
 \_\_\_\_ initial certification \_\_\_\_ renewal of certification

Program in which you are enrolling (check one):  
 \_\_\_\_ USM Day Program: Degree-Seeking (1) \_\_\_\_ Evening/Weekend Program: Degree Seeking (3)  
 \_\_\_\_ USM Day Program: Non-Degree Seeking (0) \_\_\_\_ Evening/Weekend Program: Non-Degree Seeking (4)

## Courses in Which You Are Enrolling

Course Dept. & No.	Course Title	Credits	Remarks

TOTAL CREDITS \_\_\_\_\_

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_