

FLORIDA A&M UNIVERSITY

REGISTRAR'S OFFICE

1735 Wahnish Way, C.A.S.S. Bldg., Suite #206 – Tallahassee, FL 32307
 Office: (850) 599-3115 Fax: (850) 561-2428 Email: registrardocs@famuedu

NON-DEGREE SEEKING STUDENT APPLICATION FORM

(Please attach to this application the following: Copy of Driver's License or official proof of residency *Official transcripts of last obtained degree/diploma and *Immunization Records)

NOTE: ALL information requested on this form and the documents above must be provided in order for your Non-Degree admission application to be processed. Incomplete application packets will be returned without processing

1. Name: _____
Print Last Name Print First Name Print Middle Name

2. Soc. Sec. # _____ - _____ - _____ NATION OF BIRTH

3. Of what country are you a citizen? _____ 4. E-MAIL Address: _____

Payment Information
 1.) The Application Fee is \$5.00 each.
 2.) Payment method:
 Money Order
 Cashier's Check
(one time only for new applicants)

5. Permanent Mailing Address: _____ 6. Local Mailing Address: _____
Name & Street Name & Street
City or Country State Zip Code State or Country State Zip Code

7. Ethnic Origin (Required by U.S. Dept. of Education under Title VI of the Civil Rights Act)
 Check One: Black (not Hispanic origin) White (not Hispanic origin) Hispanic Asian or Pacific Islanders American Indian or Alaskan Other (Specify)

8. Sex 9. Date of Birth: / / 10. Marital Status 11. Telephone Number
 Male Female Mo. Day Year Single Home: () - _____
 Married Business: () - _____
 Other Cell: () - _____

12. Term (Check One): Fall Spring Summer A B C Year 20_____
 13. Fee Payment Validation – All Students regardless of the means by which their fees are paid MUST complete registration by reporting to Students Accounts for fee payment validation. Failure to do so will result into either the assessment of a PAYMENT fee of \$100.00 or cancellation of the student's registration.

14. What is your expected major? _____

15. Date of first courses at FAMU / / (On-Campus or Off-Campus) _____
Month Year

16. List the Name of the High School you graduated from and date: _____
Name

HIGH SCHOOL CODE / /
Diploma Date City State

17. DESIRED USE OF CREDIT: Certification Undergraduate Degree* Graduate Degree* Prof. Advancement Degree Validation
 * If you expect to earn a degree, you must submit an Application to FAMU Admissions Office.

Name of last colleges and/or universities that you've attended.	Location	Degrees Earned			Degrees Expected		
		Degree	Mo.	Yr.	Degree	Mo.	Yr.
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Use numbers e.g. January, 2000 ()

Withdrawal – To withdraw from one or more courses, a Non-Degree (Special) Student must submit a written request to the FAMU University Registrar Office, 1735 Wahnish Way, C.A.S.S. Bldg., Suite #206 Tallahassee, FL 32307. Refer to the University Calendar for withdrawal deadline date.

TYPE OF REGISTRATION
 TRANSIENT
 HIGH SCHOOL/DUAL ENROLL
 SENIOR CITIZEN
 EVEN/WEEKEND

STATE EMPLOYEE
 FAMU EMPLOYEE
 COMMUNITY COLLEGE/DUAL ENROLL
 REGULAR NON-DEGREE

I hereby certify that the above information is complete and accurate and affirm that I am () or am not () a bona fide resident of the State of Florida for tuition purposes.

Signature of Student: _____ Date: _____

REGISTRAR'S USE ONLY: DO NOT WRITE BELOW:

CLASSIFICATION CIRCLE ONE: Freshman, Sophomore, Junior, Senior or Graduate Student	HOLDS	DEGREE CURRENTLY	RESIDENCY CODE	FAMU ID#	STAFF INITIAL:	DATE PROCESSED
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