

## **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@famu.edu

## NON-DEGREE SEEKING STUDENT APPLICATION FORM

(Please attach to this application the following: Official proof of residency; a minimum of two (2) Florida Documents are required (Examples: Florida Driver's License, Florida Voter's Registration or Florida Vehicle Registration); \*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. <u>Incomplete application packets will be returned without processing.</u>

<b>1.</b> Name:						Pay	ment Iı	nformati	on
Print Last Na	Print First Name Print Middle			idle Name	me 1.) The Application Fee is <b>\$5.00</b> each. 2.) Payment method:				
2. Soc. Sec. #		NATION OF BIRTH					Money Order/Cashier's Check		
					L1	· · =	•	MU Acc	
<b>3.</b> Of what country are you a citizen?					(one time	only for	new appli	cants)	
5. Permanent Mailing Address:		6.	Local Mailing Address	5:					
Name & Street				-	Name & S	treet			
	ity or Country	State	Zip Code		State or C			State Z	in Code
					State or C	ountry		State Z	ip Code
7. Ethic Origin (Required by U.S. De			U	,	_		_		
Check One: Black (not Hispanic of	origin) 🗌 White ( n	ot Hispanic origin) 🗌	Hispanic 🗌 Asi	an or Pacific Islanders	American	Indian or Alask	kan 🗌 Ot	ther (Specif	fy)
8. Sex 9. Date of	Birth: Mo.				-	1. Telephone Number			
Male Female	Day Year Single			Ho Busin	me: (	)			
				Other		Cell: (	) _		
12. Term (Check One):Fall13. Fee Payment Validation – All Str		Summer A			ragistration h	w reporting to S	Studente /	Vocounto fo	r faa
payment validation. Failure to de									
<b>14.</b> What is your expected major?									
<b>15.</b> Date of first courses at FAMU	/	/	(On-Campus o	or Off-Campus)					
E	1 1 ( 16	114		1 /	Month	Year			
<b>16.</b> List the Name of the High Schoo	I you graduated fr	om and date:		Name					
HIGH SCHOOL CODE									
17. DESIRED USE OF CREDIT: [	Undergraduate	Degree* """"Grad	luate Degree*						
* If you expect to earn a degree, you must submit an Application to FAMU Admissions Office. Degrees Earned Degrees Expected									
Name of last colleges and/or universities that y				Degree 1	Mo. Yr.	Degree	Mo.	Yr.	
					□ Yes □ No		□ Yes □ No		
					□ Yes □ No		□ Yes □ No		
					□ Yes □ No		□ Yes □ No		
					☐ Yes ☐ No		☐ Yes □ No		
						g. January, 2000 ( 0		0)	
Registrar Office, 1735 Wahnish Way, C.A.S.S. Bldg., Suite #206     HIGH SCHOOL/DUAL ENROLL     FAN       Tallahassee, FL 32307.     SENIOR CITIZEN     COM					TE EMPLOYEE MU EMPLOYEE MUNITY COLLI GULAR NON-DEC	EGE/DUAL ENROI GREE	L		
I hereby certify that the above informa	tion is complete ar	nd accurate and affi	rm that I am ( ) o	r am not ( ) a bona fide	resident of the	e State of Florida	a for tuitic	on purposes	
				5					
Signature of Student:			_	Date:					
REGISTRAR'S USE ONLY: DO NOT WRIT	FE BELOW:								
CLASSIFICATION CIRCLE ONE: Freshman, Sophomore, Junior, Senior or Graduate Student	HOLDS	DEGREE CURRENTLY	RESIDENCY CODE	FAMU ID#		STAFF INITIAL:	D	DATE PROC	CESSED