

# ACADEMIC ENRICHMENT STUDIES APPLICATION AND REGISTRATION

## INSTRUCTIONS

To be considered for Academic Enrichment Studies, complete all sections and return to:

Special Programs and Continuing Education  
University of Dayton  
300 College Park  
Dayton, OH 45469-7011

## A. GENERAL INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Former last name (if applicable) \_\_\_\_\_

Male  Female \_\_\_\_\_ Date of birth \_\_\_\_\_

Permanent mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email address \_\_\_\_\_ Home telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Country of birth \_\_\_\_\_ Are you a U.S. citizen  
or a permanent resident?  Yes  No

If no, what is  
your citizenship? \_\_\_\_\_ Type of visa (if applicable) \_\_\_\_\_

Employer \_\_\_\_\_ Work telephone ( \_\_\_\_\_ ) \_\_\_\_\_

### Optional (for information purposes only)

Marital status:  Married  Not married

Religious preference:  Catholic  Jewish  Protestant  Other  No preference

Ethnicity:  Black, non-hispanic  Asian or Pacific Islander  White, non-hispanic  
 American Indian or Alaskan Native  Hispanic  Other \_\_\_\_\_



Continued

## B. EDUCATIONAL BACKGROUND

High school attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

High school graduation Month \_\_\_\_\_ Year \_\_\_\_\_ GED earned Month \_\_\_\_\_ Year \_\_\_\_\_

COLLEGE(S) ATTENDED (INCLUDE PREVIOUS UD ENROLLMENT)	DATES ATTENDED MO./YEAR - MO./YEAR	CREDITS EARNED
SCHOOL NAME		
CITY STATE		
SCHOOL NAME		
CITY STATE		
SCHOOL NAME		
CITY STATE		

## C. COURSE REQUESTS

MONTH AND YEAR YOU WOULD LIKE TO ENROLL:

AUGUST

MAY

JANUARY

JUNE

YEAR \_\_\_\_\_

DEPT. & COURSE NUMBER	SECTION NUMBER	BRIEF TITLE	CREDIT HOURS	GRADING OPTION 1 = Letter grade (A, B, C, etc.) 2 = Pass/No credit X = Audit	CLOSED COURSE(S) Chair person's signature required (if applicable)

I certify that the information given on this application is complete and correct to the best of my knowledge and that I have not attended institutions other than those listed. I understand that I am responsible for arranging for the forwarding of official transcripts from schools I have attended, and that such transcripts become the property of the University of Dayton and will not be returned. I understand that any false or misleading statements may affect my admission decision. I understand the University will not issue transcripts or grades until I have fulfilled all admission requirements.

→ Your signature \_\_\_\_\_

Date \_\_\_\_\_

*Office use only*

Approval signature \_\_\_\_\_

Date \_\_\_\_\_