

University of Dayton

Application/Registration for Adult Education

Instructions

For **Academic Enrichment Studies** complete sections A, B and D and return this application to the Office of the Registrar. For the **Adult Degree Advancement Program (ADAP)** complete, date and sign all sections of the application. Request that official transcripts from your high school or official results of the GED, as well as official transcripts from any college(s) previously attended be sent directly from the institution to the Office of the Registrar. Hand-carried transcripts, official copies marked *Issued to Student* and unofficial copies are not acceptable.

All application materials should be directed to:

Registration Office
 Adult Education
 University of Dayton
 300 College Park
 Dayton, Ohio 45469-1340

Complete this application online at
<http://adulthoodeducation.udayton.edu>

A. General information

Last name _____ First name _____ Middle name _____

Former last name (if applicable) _____ Male Female

Social Security Number (required) _____ Date of birth _____

Permanent mailing address _____

City _____ State _____ Zip code _____

E-mail 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 Single

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 _____

B. Intended enrollment status

Academic Enrichment Studies (skip to Section D — Course Requests)
 (Non-degree student status)

Adult Degree Advancement Program (ADAP)

Intended major:

College of Arts and Sciences

Communication Management

General Studies

Psychology

School of Education and Allied Professions

ADA Didactic Program in Dietetics

Early Childhood Education

School of Engineering—

Engineering Technology Department

Computer Engineering Technology

Electronic Engineering Technology

Industrial Engineering Technology

Manufacturing Engineering Technology

Mechanical Engineering Technology



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C. 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 _____		

D. 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) Chairperson'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 _____