

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 _____