

**UNIVERSITY OF DAYTON**  
**GRADUATE REGISTRATION FORM**  
**FOR DEGREE AND NON-DEGREE STUDENTS**

Name (Last, First, Middle)		Student ID Number (REQUIRED)			
Former Name(s)		Date of Birth: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F			
<b>MAILING ADDRESS</b>		<b>TELEPHONE INFORMATION</b>			
Number & Street		Home Phone			
City, State, Zip		Cell Phone			
<b>BILLING NAME AND ADDRESS (if different than above)</b>		<b>E-MAIL ADDRESS (REQUIRED)</b>			
Name		Work Phone			
Number & Street					
City, State, Zip					
Are you a US Citizen or Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, specify country of citizenship, type of Visa, and Visa expiration date:					
<b>ENROLLMENT HISTORY AT UD</b>		<b>ENROLLMENT STATUS</b>			
Have you attended UD before? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> I am enrolled in the following UD Degree, Certification, or Licensure Program: _____			
If yes, did you attend as an <input type="checkbox"/> undergraduate <input type="checkbox"/> graduate <input type="checkbox"/> both		<input type="checkbox"/> I am non-degree seeking			
Approximate date of last UD attendance _____		Do you plan to enter a Degree, Certification or Licensure Program at a later date? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>UNDERGRADUATE DEGREE INFORMATION</b>					
Name of Degree-Granting Institution	Degree	Major	Date Received		
<b>OPTIONAL INFORMATION (FOR STATISTICAL PURPOSES ONLY)</b>					
<b>Ethnicity</b>		<b>Marital Status</b>			
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Other		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Catholic <input type="checkbox"/> Muslim <input type="checkbox"/> Other <input type="checkbox"/> Jewish <input type="checkbox"/> Other Christian <input type="checkbox"/> No Preference			
<b>STUDENT'S SIGNATURE</b>			<b>DATE</b>		
<b>COURSE REGISTRATION</b>					
This is a registration form for Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> First Summer Session <input type="checkbox"/> Second Summer Session <input type="checkbox"/> Full Summer Term Year _____					
Course Location: <input type="checkbox"/> Main Campus <input type="checkbox"/> Off-Campus Site _____ Will you graduate this term? <input type="checkbox"/>					
Dept. & No.	Section No.	Brief Title of Course	Sem. Hours	Credit Type	Approval
Types of Credit: GR - Graduate UG - Undergraduate DO - Doctorate X - Audit					
<b>FOR OFFICIAL USE ONLY</b>				Advisor's Signature	
				Date Approved	