

FOR OFFICE USE:	
App. Pd.	_____
App. Wa.	_____
ID#	_____
PRSP	_____
ASUM	_____

APPLICATION FOR PARALLEL ENROLLMENT

Please return this application with the non-refundable \$25 application fee.
Be sure to fill out the application completely. You must sign and date the application. Please type or print clearly.

I am applying for the:

__ Fall 200__ Semester (Deadline June 1) __ Spring 200__ Semester (Deadline October 1)

1. Name: Mr. / Ms. / Mrs. _____
LAST
FIRST
MIDDLE

2. Social Security Number: _____ -- _____ -- _____

3. Permanent Address: _____
NUMBER & STREET

CITY
STATE
ZIP CODE
COUNTY

4. Home Phone: (_____) -- _____ -- _____ **5. E-mail Address:** _____

6. Gender (optional): __ Male __ Female **7. Date of Birth:** _____

8. Citizenship (check one):
 __ U.S. Citizen
 __ Permanent Resident
 __ Other (Specify) _____

International Students: What type of visa do you hold? B1 F1 PR Immigrant XX Other (specify) _____
 Please provide the immigration card number along with the month, day, and year below. (All applicants who currently hold a U.S. visa or Alien Registration card must submit photocopies of the front and back of the card. Failure to do so will delay the admission process.)
 Immigration Number A _____ Month/Day/Year _____

9. Optional. How are you most comfortable describing yourself? (Select one or more)
 __ American Indian or Alaskan Native __ Black or African American __ Hispanic or Latino
 __ Asian or Pacific Islander __ Caucasian or White __ Other _____

10. Provide names of parent(s) or legal guardian:
 __ Father __ Mother __ Other _____ Name _____
LAST
FIRST

NUMBER & STREET OF CURRENT MAILING ADDRESS
CITY
STATE
ZIP CODE

HOME TELEPHONE NUMBER
WORK TELEPHONE NUMBER

__ Father __ Mother __ Other _____ Name _____
LAST
FIRST

NUMBER & STREET OF CURRENT MAILING ADDRESS
CITY
STATE
ZIP CODE

HOME TELEPHONE NUMBER
WORK TELEPHONE NUMBER

11. High School that you are currently attending: _____
NAME OF SCHOOL

