

New Student Full-Time Registration/Advising Form
(Please used Adobe Reader when filling out form)

LAST NAME		FIRST NAME		MIDDLE NAME
STUDENT ID#	SOCIAL SECURITY	GRADUATION YEAR		START TERM Spring 2014
CODE CATEGORY	CODE	CODE DEFINITION		
MARYLAND RESIDENT:		Y = YES	N = NO	
MARYLAND COUNTY, IF YES				
GENDER:		M = MALE	F = FEMALE	
BIRTH DATE:				
ETHNICITY (Choose one)		HIS = HISPANIC/ LATINO	NHS = NON-HISPANIC/LATINO	
RACE: (Enter all Applicable)		AN = AMERICAN INDIAN/ALASKA NATIVE HP = NATIVE HAWAIIAN/OTHER PACIFIC	AS = ASIAN WH = WHITE	BL = BLACK/AFRICAN AMERICAN
U.S. CITIZEN		Y = YES	N = NO	If "NO", CITIZEN OF:
ARE YOU ON A VISA?		Y = YES	N = NO:	If "YES", VISA TYPE:
STUDENT DIRECTORY:		DO YOU WISH YOUR NAME, ADDRESS, ETC., PUBLISHED?		Y = YES N = NO
RELIGION:	B = BUDDHISM; C = CATHOLICISM; H = HINDUISM; I = ISLAM; J = JUDAISM; O = CHRISTIAN ORTHODOX; P = PROTESTANTISM; A = OTHER			
INTENDED MAJOR:	SPECIALIZATION ()			
ENTERING STATUS:		N = NEW STUDENT	R = RE-ENTERING STUDENT	T = TRANSFER STUDENT E = EXCHANGE

ADDRESS INFORMATION PROVIDE PARENT/GUARDIAN AND ANY OTHERS WHICH DIFFER FROM IT

STUDENT PERMANENT ADDRESS	BILLING NAME
	ADDRESS (IF DIFFERENT FROM PERMANENT AND PARENT)
CITY, STATE, ZIP, COUNTRY	CITY, STATE, ZIP, COUNTRY
TELEPHONE	TELEPHONE/CELL PHONE
CELL PHONE	

PARENT/GUARDIAN FULL NAME(S)	LOCAL ADDRESS (OFF CAMPUS ONLY)		
ADDRESS (IF DIFFERENT FROM PERMANENT ADDRESS ABOVE)	TOWNHOUSE/APT. COMPLEX NAME (if applicable)	START DATE (MDY)	END DATE (MDY)
	ADDRESS	APT. #	
CITY, STATE, ZIP, COUNTRY	CITY, STATE, ZIP		
TELEPHONE/CELL PHONE(S)	LOCAL TELEPHONE		

IF PARENTS LIVE SEPARATELY, SEND DUPLICATE MAILING TO BOTH ADDRESSES LISTED ABOVE YES NO

ADVISING WORK SHEET

(For First-Year Students Only)

NAME:				ID#:
SATS: ACTS:	READING: R:	WRITING: E:	MATH: M: S:	MAJOR:
LANGUAGE IN HIGH SCHOOL:				
LOYOLA'S PLACEMENT: RESULTS:	LANGUAGE:	MATH:		
HS CALCULUS:				
R.O.T.C.: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MS 099 <input type="checkbox"/> MS 106				

ADVISING NOTES:

NEW STUDENT REGISTRATION

DEPT.	CRSE. #	SEC. #	COURSE TITLE	CREDITS	INSTRUCTOR	STATUS (Circle one)
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*
						C P L I R*

* C = FOR CREDIT P = PASS/NO CREDIT L = AUDIT I = INDEPENDENT STUDY R = REPEAT

STUDENT'S SIGNATURE	DATE ___/___/___/	ADVISER'S SIGNATURE	DATE ___/___/___/
---------------------	----------------------	---------------------	----------------------