

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 Fall 2019
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	CELL PHONE	TELEPHONE/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