

# New Student Full-Time Registration/Advising Form

(Please use Adobe Reader when filling out form)

LAST NAME FIRST NAME MIDDLE NAME

STUDENT ID# SOCIAL SECURITY GRADUATION YEAR START TERM  
**Spring 2022**

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 AS = ASIAN BL = BLACK/AFRICAN AMERICAN HP = NATIVE HAWAIIAN/OTHER PACIFIC WH = WHITE
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	
<b>PARENT/GUARDIAN FULL NAME(S)</b>			
<b>LOCAL ADDRESS (OFF CAMPUS ONLY)</b>			
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