

B G S U

REGISTRATION REQUEST

Name _____ SSN* or BGSU ID _____
 (Last) (First) (Middle/Maiden)

Address _____ Birthdate: _____
 (Street)

_____ Email address: _____
 (City) (State abbr.) (Zip)

Day Phone: _____ Evening Phone: _____

*In accordance with the Right of Privacy Act of 1974, Public Law 93-x579, Sect. 7, applicants for admission are requested to report their Social Security number on this form. The number is used for identification and record keeping purposes. BGSU is an equal opportunity/affirmative action employer.

TERM: Spring Summer Fall YEAR: _____

Department	Course #	Cr. Hrs.	Call Number	Grade	Audit	S/U
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check: **Current BGSU student**
 Undergraduate
 Graduate-degree seeking
 Graduate Non-degree

Former BGSU student
 When did you last attend BGSU? _____
 Attended as: Undergraduate
 Graduate-degree seeking
 Graduate Non-degree

New to BGSU
 Undergraduate Admit
 Undergraduate Guest
 Graduate-degree seeking
 Graduate Non-degree

Signature _____ Date _____