FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

REGISTRAR'S OFFICE

105 Foote-Hilyer Administration Center Tallahassee, FL 32307-3200

Office: (850) 599-3115 Fax: (850) 561-2428 Email: <u>registrardocs@famu.edu</u>

NON-DEGREE SEEKING STUDENT APPLICATION FORM

(Please attach to this application the following: Copy of Driver's License or official proof of residency *Official transcripts of last obtained degree/diploma and *Immunization Records)

NOTE: ALL information requested on this form and the documents above must be provided in order for your Non-Degree admission application to be processed. <u>Incomplete application packets will be returned without processing</u>

1. Name:							Pay	ment I	nforma	tion
Print Last Name		Print First Name Pri			iddle Name		1.) The Application Fee is \$5.00 each.			
2. Soc. Sec. #		NATION OF BIR				2.) Payment method: Money Order				
3. Of what country are you a citizen?		. E-MAIL Address:					_	shier's (e only for	Check r new app	licants)
5. Permanent Mailing Address:			6.	Local Mailing Addres	ss:					
Na					Name & Street					
City or Country		State Zip Code		State or Cou		Country	ntry State Zip Code			
7. Ethic Origin (Required by U.S. De	nt of Education u	e Civil Rights A	ct)							
			•		. □ America	n India	n or Alas	skan 🗆 C	Other (Spec	rify)
Check One: Black (not Hispanic origin) White (not Hispanic origin) Hispanic Asian or Pacific Islanders American Indian or Alaskan Other (Specify) 8. Sex 9. Date of Birth: / / 10. Marital Status 11. Telephone Number Male Female Mo. Day Year Single Home: () - Married Business: () - Other Cell: () - 12. Term (Check One): Fall Spring Summer A B C Year 20										
1 7	so will result into	o either the assessn	nent of a PAYM	ENT fee of \$100.00 of	r cancellation	of the	student's	s registrat	ion.	
14. What is your expected major?										
15. Date of first courses at FAMU / / (On-Campus or Off-Campus)										
16. List the Name of the High School you graduated from and date:										
HIGH SCHOOL CODE										
17. DESIRED USE OF CREDIT: Certification Undergraduate Degree* Graduate Degree* Prof. Advancement Degree Validation										
* If you expect to earn a degree, you must submit an Application to FAMU Admissions Office. Degrees Earned Degrees Expected										
Name of last colleges and/or universities that yo	ou've attended.	Location			Degree Yes	Mo.	Yr.	Degree Yes	Mo.	Yr.
					□ No □ Yes			□ No □ Yes		
					□ No □ Yes			□ No □ Yes		
					☐ No			☐ No		
					☐ Yes ☐ No			☐ Yes ☐ No		
Withdrawal – To withdraw from one or more cour (Special) Student must submit a written request to Registrar, Registration Section, Room 111 Foote-I Administration Center, Florida A&M University, Tallahassee, FL. 32307-3200). Refer to the University withdrawal deadline date. I hereby certify that the above informational Signature of Student:	TYPE OF REGISTRATION TRANSIENT HIGH SCHOOL/DUAL ENROLL SENIOR CITIZEN COMMUNITY COLLEGE/DUAL ENROLL REGULAR NON-DEGREE d accurate and affirm that I am () or am not () a bona fide resident of the State of Florida for tuition purposes. Date:								es.	
REGISTRAR'S USE ONLY: DO NOT WRITE	E BELOW:									
CLASSIFICATION CIRCLE ONE: Freshman, Sophomore, Junior, Senior or Graduate Student	HOLDS	DEGREE CURRENTLY	RESIDENCY CODE	FAMU ID#		STAF INIT]	DATE PRO	OCESSED