



EMPORIA STATE UNIVERSITY
SPECIAL REGISTRATION FORM

Please print

1. Social Security # or Student ID# _____ / _____ / _____ Semester/Term _____

2. Legal Name _____
PRINT Last First Middle Maiden

3. Address _____ No. and Street, Apt. #, RR 4. Phone Hm () Wk ()

5. City _____ State _____ County _____ Zip _____

6. E-mail Address _____ 7. Birth Date _____ 8. U.S. Citizen Yes ___ No ___

9. Lived in Kansas the last twelve months? Yes ___ No ___ 10. State or Country of Residency _____

11. Have you graduated from High School? Yes ___ No ___ If yes, What year _____

12. Name and Address of High School _____

13. Are you planning to obtain a degree at ESU? _____

14. College(s) from which you have a degree Degree Received Graduation Date
B/S B/A
M/S M/A

15. Have you previously earned credit from ESU (EKSC or KSTC) Yes ___ No ___

16.

Table with 5 columns: Course No. & Section, No of Credit Hrs, Credit Level UG or GR, Course Title, Tuition \$ Amount

17. Are you wanting to audit any of the courses? Yes ___ No ___ Which one(s)? _____

18. Are you taking this course for teacher certification/recertification/licensure? Yes ___ No ___
If yes, what level? ELM Secondary K-12

All certification/recertification/licensure students must pay a 1 time \$30.00 fee.

19. The statement below MUST be signed in order to process this enrollment. I certify that the information about my academic status is correct, and I understand that acceptance of my enrollment in this course does not constitute admission to a degree program at this institution. I understand that a maximum of twelve hours may be applied to a graduate degree upon acceptance.

Student's Signature _____ Date _____

20. Questions regarding gender and race are optional, but are important in order to ensure equal educational opportunities.

GENDER [] Male [] Female
RACIAL/ETHNIC [] White, non-Hispanic [] Black, non-Hispanic [] Hispanic
[] Asian/Pacific Islander [] Native American/Alaskan Native
[] Non-resident Alien

21. Method of Payment

[] Personal Check (make payable to ESU)
[] Credit card [] American Express [] Discover [] MasterCard [] Visa
Expiration Date: Month _____ Year _____

Acc. No. (All digits) _____ Signature _____