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: registrar@famu.edu

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. Incomplete application packets will ber returned without processing***

1. Name: _____ (Print Last Name) _____ (Print First Name) _____ (Print Middle Name)

2. Soc. Sec. # _____ - _____ - _____ NATION OF BIRTH ☐☐

3. Of what country are you a citizen? _____ **4.** E-MAIL Address: _____

Payment Information
1.) The Application Fee is **$5.00** each.
2.) Payment method:
☐ Money Order
☐ Cashier's Check
(one time only for new applicants)

5. Permanent Mailing Address: _____ (Name & Street)
_____ (City or Country) _____ (State) _____ (Zip Code)

6. Local Mailing Address: _____ (Name & Street)
_____ (State or Country) _____ (State) _____ (Zip Code)

7. Ethic Origin (Required by U.S. Dept. of Education under Title VI of the Civil Rights Act)

Check One: ☐ Black (not Hispanic origin) ☐ White (not Hispanic origin) ☐ Hispanic ☐ Asian or Pacific Islanders ☐ American Indian or Alaskan ☐ Other (Specify)

8. Sex ☐ Male ☐ Female

9. Date of Birth: ☐☐/☐☐/☐☐☐☐ (Mo. Day Year)

10. Marital Status ☐ Single ☐ Married ☐ Other

11. Telephone Number
Home: ( ) _____ - _____
Business: ( ) _____ - _____
Cell: ( ) _____ - _____

12. Term (Check One): **Fall** ☐ **Spring** ☐ **Summer** ☐ **A** ☐ **B** ☐ **C** ☐ **Year 20**_____

13. Fee Payment Validation – All Students regardless of the means by which their fees are paid MUST complete registration by reporting to Students Accounts for fee payment validation. Failure to do so will result into either the assessment of a PAYMENT fee of $100.00 or cancellation of the student's registration.

14. What is your expected major? _____

15. Date of first courses at FAMU ☐☐/☐☐/☐☐☐☐ (On-Campus or Off-Campus) _____ (Month) _____ (Year)

16. List the Name of the High School you graduated from and date: _____ (Name)

HIGH SCHOOL CODE ☐☐☐☐☐☐ ☐☐/☐☐/☐☐☐☐ (Diploma Date) _____ (City) _____ (State)

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.**

Name of last colleges and/or universities that you've attended.	Location	Degrees Earned Degree	Mo.	Yr.	Degrees Expected Degree	Mo.	Yr.
		☐ Yes ☐ No			☐ Yes ☐ No		
		☐ Yes ☐ No			☐ Yes ☐ No		
		☐ Yes ☐ No			☐ Yes ☐ No		
		☐ Yes ☐ No			☐ Yes ☐ No		

Use numbers e.g. January, 2000 (0 1 0 0)

Withdrawal – To withdraw from one or more courses, a Non-Degree (Special) Student must submit a written request to the University Registrar, Registration Section, Room 111 Foote-Hilyer Administration Center, Florida A&M University, 1700 Lee Hall Drive, Tallahassee, FL. 32307-3200). Refer to the University Calendar for withdrawal deadline date.

TYPE OF REGISTRATION
☐ TRANSIENT
☐ HIGH SCHOOL/DUAL ENROLL
☐ SENIOR CITIZEN
☐ EVEN/WEEKEND
☐ STATE EMPLOYEE
☐ FAMU EMPLOYEE
☐ COMMUNITY COLLEGE/DUAL ENROLL
☐ REGULAR NON-DEGREE

I hereby certify that the above information is complete and accurate and affirm that I am ( ) or am not ( ) a bona fide resident of the State of Florida for tuition purposes.

Signature of Student: _____ Date: _____

REGISTRAR'S USE ONLY: DO NOT WRITE BELOW:

CLASSIFICATION CIRCLE ONE: Freshman, Sophomore, Junior, Senior or Graduate Student	HOLDS	DEGREE CURRENTLY	RESIDENCY CODE	FAMU ID#	STAFF INITIAL:	DATE PROCESSED