## **REGISTRAR'S OFFICE**

1735 Wahnish Way, C.A.S.S. Bldg., Suite #206 – Tallahassee, FL 32307 Office: (850) 599-3115 Fax: (850) 561-2428 Email: registrardocs@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. <u>Incomplete application packets will be returned without processing</u>

1. Name:					Payr	Payment Information		
Print Last Name		Print First Name		Print Middle Name		1.) The Application Fee is \$5.00 each. 2.) Payment method:		
2. Soc. Sec. #		_		NATION OF BIRTH		Mor	ney Order hier's Check	
3. Of what country are you a citizen?	. E-MAIL Address	3:				only for new ap	plicants)	
<b>5.</b> Permanent Mailing Address:	6. Local Mailing Add							
N	ame & Street				Name & Street			
City or Country State Zip Code					State or	Country	State	Zip Code
7. Ethic Origin (Required by U.S. De	ept. of Education u	nder Title VI of th	e Civil Rights A	ct)				
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 Numb								
					H. Busii	ome: ( ness: (	)	
				Other		Cell: (	´)	
12. Term (Check One): Fall Spring Summer A B C Year 20								
14. What is your expected major?								
15. Date of first courses at FAMU / / (On-Campus or Off-Campus)  Month Year								
<b>16.</b> List the Name of the High School you graduated from and date:								
Name 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.								
Name of last colleges and/or universities that y	Location		rappareumon to rather		ees Earned	Degrees Exp Degree Mo.	ected Yr.	
rame of fast coneges and/or universities that	you ve attended.	Location			Yes No	11.	Yes No	
					☐ Yes		☐ Yes	
					☐ No ☐ Yes		☐ No ☐ Yes	
					☐ No ☐ Yes		□ No	
					□ No	2000 (	No 0 )	
Withdrawal – To withdraw from one or more cot (Special) Student must submit a written request t Registrar, Registration Section, Room 111 Foote Administration Center, Florida A&M University, Tallahassee, FL. 32307-3200). Refer to the Uni	Use numbers e.g. January, 2000 ( 0 1 0 0 )  TYPE OF REGISTRATION  TRANSIENT STATE EMPLOYEE  HIGH SCHOOL/DUAL ENROLL FAMU EMPLOYEE  SENIOR CITIZEN COMMUNITY COLLEGE/DUAL ENROLL							
withdrawal deadline date.	□ EVEN/WEEKEND □ REGULAR NON-DEGREE					L		
I hereby certify that the above informa	tion is complete an	d accurate and affi	rm that I am ( ) o	r am not ( ) a bona fide	e resident of tl	ne State of Florida	for tuition purpo	ses.
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 PR	COCESSED