



Virginia Military Institute

APPLICATION FOR FACULTY/STAFF ATTENDING VMI CLASSES

Full Name: _____
(Last) (First) (Middle)

Sex: Female Male Date of Birth: _____

State of Legal Residence: _____ VMI Department: _____

Status: Faculty Staff Other

Home Address: _____ Phone: _____

School Address: _____ Phone: _____
_____ Email: _____

Ethnicity: Black American Indian or Alaskan Native
 Asian or Pacific Islander Hispanic
 White, Non-Hispanic Not a U.S. Citizen

Have you previously taken courses at VMI? Yes No

Course # _____	Section # _____	Semester and Year: _____
Name of Course: _____		
Do you wish for Directory Information to be Released on you?		<input type="checkbox"/> Yes <input type="checkbox"/> No
_____		_____
(Signature)		(Date)

Instructor's Approval: _____
Your Department Head's Approval: _____
Dean's Approval (Tuition Waiver): _____

This form should be completed and submitted to the VMI Registrar's Office by the designated registration deadline each semester.

Reviewed by Registrar's Office on: _____ By: _____