



Special Student Registration Form/Mary Baldwin University

Full Name: _____

Sex: Female Male Date of Birth: _____

State of Legal Residence: _____ Social Security #: _____

County of Legal Residence: _____ Country of Residence: _____

Home Address: _____ Phone: _____

Your Contact Email Address: _____

ETHNICITY: (Used for reporting purposes only – please check one item in each category)

Ethnic: Hispanic/Latino Non-Hispanic/Latino Non-Reported

Ethnicity: American/Alaska Native Asian
 Black or African American Hawaiian/Pacific Islander
 White Non-Reported

Are you in the US under a Visa? No Yes - Visa Type: _____

TERM: Fall Semester of _____ Spring Semester of _____

REQUESTED COURSES:

Course # _____ Title: _____

Course # _____ Title: _____

I certify that I am a full-time student at Mary Baldwin University and that registration in VMI courses for the fall and spring semester will be approved based on available seats.

(Student Signature)

(Date)

Signature of the Mary Baldwin University Registrar: I certify that the above name student is a full-time student at Mary Baldwin University and eligible to seek enrollment at VMI on a space available basis.

(Registrar Signature)

(Date)

VMI's Annual Notification of Rights and Responsibilities may be accessed on-line by going to
<http://www.vmi.edu/media/content-assets/documents/registrar/2016-2017-Annual-Notification-of-Rights-and-Responsibilities.pdf>

Activity Approved by: _____ Date: _____