

Quick Admit – Special Registration (Eligible to Register)

Due Date: UPON RECEIPT – please complete and submit right away

NAME: _____ **Student ID Number** _____
Last First Middle (Social Security Number)

Marital Status (circle one): Married Single **Gender** (circle one): Male Female

Birthdate (mm/dd/yy): _____

Ethnic Group (* see below) _____

* American Indian/Alaska Native – Asian – Black/African American – Native Hawaiian/Pacific Islander – Hispanic/Latino – White – Not Applicable (Alien)

Current Address: _____
Street City State Zip Code

Current Phone _____ - _____ - _____ **Housing Code** (*see below) _____
**Fraternity/Other Apt/Rent-Own Home/Residence Hall/Sorority/Univ Apt/With Parents*

Permanent Address: _____
Street City State Zip Code

Country _____ **Home County** (if in Indiana) _____

Permanent Phone _____ - _____ - _____ **Phone Country Code** (if not in USA) _____

Country of Citizenship _____

USA Citizenship Status (see below) _____
Alien Permanent/Alien Temporary/Native/Naturalized

USA Visa Type (If country of Citizenship is not USA) _____