## MOUNT ST. JOSEPH UNIVERSITY

| Have you ever                  |                      |   | DENT INFORMATION seph University? |                     |              |              | it course.           |  |
|--------------------------------|----------------------|---|-----------------------------------|---------------------|--------------|--------------|----------------------|--|
| ·                              |                      |   | y)                                |                     |              | •            |                      |  |
|                                |                      |   | are pursuing course wor           |                     |              |              |                      |  |
|                                | ot enrolled in a pro | •   | idents who plan to seek a         |                     | •            | _            |                      |  |
| Course:                        |                      |   |                                   |                     |              |              |                      |  |
| number                         |                      | section   | title                             |                     |              | credit hours |                      |  |
| Today's Date:                  |                      | SS#   |                                   |                     | Sex:         | M            | F                    |  |
| Name:                          |                      |   |                                   |                     |              |              |                      |  |
|                                | (Last)               | (First)   |                                   |                     |              | (Middle)     |                      |  |
| Local Address: _               | (Street/Apartm       | nent #)   |                                   |                     |              |              |                      |  |
|                                | (City/State/Zip      | )   | (C                                |                     |              | County)      |                      |  |
| DOB:                           | / /                  | Place of Birth: _   |                                   |                     |              |              |                      |  |
| Cell Phone #:                  |                      |   | Home Phone                        | e #:                |              |              |                      |  |
|                                |                      |   |                                   |                     |              |              |                      |  |
| E-mail Address                 |                      |   |                                   | Employer            |              |              |                      |  |
| Term: (Check One):             |                      | 1st Sem   |                                   | 2 <sup>nd</sup> Sem |              | Summer       |                      |  |
| Student Signatur               | re                   |   |                                   | Date                |              |              |                      |  |
| OPTIONAL INFO                  | ORMATION             |   |                                   |                     |              |              |                      |  |
| Ethnic Origin: _               |                      | H – Hispanic, B – African-American, I – American Indian<br>W – White, A – Asian/Pacific Islander, N – Alien, O – Other or Unknown |                                   |                     |              |              |                      |  |
| Marital Status:                |                      | S – Single, M – Married, D – Divorced, W – Widowed  |                                   |                     |              |              |                      |  |
| Religion: Citizenship/Country: |                      |   |                                   |                     |              |              |                      |  |
|                                |                      |   | ********                          |                     |              |              |                      |  |
| Payment Metho                  | od: [ ] Check        |   | Payment must acco                 | ompany form         | to be regist | tered for t  | he course.           |  |
| [ ] Credit [ ] I               |                      | 6 1   |                                   |                     |              |              |                      |  |
| ******                         |                      | pe of card<br>*********   | Card number<br>**********         | ******              | -            |              | urity Code<br>****** |  |
| Please return c                | ompleted form        | to: Vicki Montag, (<br>Mount St. Jose)<br>5701 Delhi Ro   | ph University                     |                     |              |              |                      |  |
|                                |                      | Cincinnati OH   |                                   |                     |              |              |                      |  |

OR by email to <u>vicki.montag@msj.edu</u>. Any questions regarding payment, please call Vicki at 513-244-4808.