Undergraduate
Non-Matriculated Student
Registration Form

Intended Semester/Year of Entry: __________________________________________

Student ID, if previously attended: __________________________________________

Name: __________________________________________ / ____________________ / __________________

   Last                        First                          Middle

Home Address: __________________________________________ / ____________________ / __________________

   Street Address           City                State                Zip

County: __________________________ Maiden Name: ______________________ Male: _____ Female: _____

E-mail Address: __________________________________________ Date of Birth: __________

Home Phone#: ________________________    Cell#: ________________________    Business#: ______________

Emergency Contact: ________________________ Relationship: _________     Phone#: ______________

Kutztown University is committed to assuring equal opportunity to all persons regardless of race, color, religion, national origin, ancestry or gender. This policy extends to employment within and admission to the University and is in compliance with all federal laws, including Title IX of the Educational Amendment of 1972.

1. What is your Ethnicity?   2. What is your Race? Mark one or more races to indicate what you consider yourself.

   __Hispanic        __White      __Asian    __American Indian/Alaskan Native

   __Non-Hispanic    __Black/African American    __Native Hawaiian/Pacific Islander

Have you graduated from or attended KU as a matriculated (accepted) candidate before?  __Yes  __No

Last attended KU:  Semester ______ Year ________ Country of Citizenship __________________________

Advant*Age Student:  __Yes  __No  Visa Type: __Permanent __Student __Other

If you have attended other college(s) or Kutztown University previously, complete the following. Any omissions will cause consideration of a fraudulent applicant.

College: __________________________________________ Dates of Attendance: __________________________

Degree Earned or Number of Credits: __________________________________________

Name of High School currently attending: __________________________________________

REGISTRATION:

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I testify that the information given is both truthful and correct.

Signature: __________________________________________ Date: __________________________

MAIL OR FAX COMPLETED FORM TO:
Attn.: Registrar’s Office, P.O. Box 730, Kutztown, PA 19530
Phone: (610) 683-4485  Fax: (610) 683-1586  Email: regoffice@kutztown.edu