KUTZTOWN UNIVERSITY
Registrar's Office

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:

Course:_____ / _____ / _____ / _____ / _____
　　　　Prefix　　Course #　　Section　　　　Title　　　　　Credits

Course:_____ / _____ / _____ / _____ / _____
　　　　Prefix　　Course #　　Section　　　　Title　　　　　Credits

Course:_____ / _____ / _____ / _____ / _____
　　　　Prefix　　Course #　　Section　　　　Title　　　　　Credits

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

Signature:_____ **Date:** _____

MAIL OR FAX COMPLETED FORM TO:

Rev. 10/16

Attn.: Registrar's Office, P.O. Box 730, Kutztown, PA 19530
Phone: (610) 683-4485　Fax: (610) 683-1586　Email: regoffice@kutztown.edu