



**ALVERNIA
UNIVERSITY**

**STUDENT REGISTRATION FORM
2017-2018 AY**

PLEASE PRINT

Academic Year: _____

Class: Junior ___ Senior ___

High School Name and Address: _____

Student Name: _____

Student Address: _____

Telephone #: _____ email: _____

.....
The following information is required either by federal agencies or for identification purposes:

Social Security #: _____ **Date of Birth:** _____

Gender: Female Male **US Citizen:** Yes No **Religion:** _____

Ethnicity: African-American Hispanic Pacific Islander
Asian Native American White
More than one race

.....
Indicate below the Alvernia University courses for which the student is registering this academic year.

Alvernia University Course Number & Title _____

Alvernia University Course Number & Title _____

Alvernia University Course Number & Title _____

.....
Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

This form needs to be completed in full before you can be registered for the Dual Credit course(s).

Return registration form to School District for processing