

Kentuckiana Metroversity Registration Form

Semester _____ Year _____ Undergraduate Graduate

Home Institution _____ Host Institution _____
 Have you ever taken a course at the host institution before? Yes No

Name _____
 Address _____
 City _____ State _____ Zip _____

Social Security # _____ - _____ - _____
 Date of Birth _____ / _____ / _____
 Phone _____ - _____ - _____
 Email _____
 Sex Male Female

Ethnic Background a) Hispanic or Latino (check one) Yes No
 b) Check one or more White
 Black / African American
 Asian
 American Indian / Alaska Native
 Native Hawaiian/Pacific Islander

	Host Institution Registration No.	Department & Course No.	Course Title	Credit Hours	Equivalent Course at Home Institution
1					
2					

Reason for taking this course (check all that apply) Course 1 Course 2

1. Fulfills a general education requirement
2. Not available/schedule conflict
3. Need to graduate
4. Degree enhancement
5. Personal enhancement

I certify that this student is a full time student in good standing at the Home Institution and has completed any prerequisites for the requested class(es).

Academic Advisor Signature _____ Home Registrar Signature _____ Date _____

Accepted by: _____ Host Registrar Signature _____ Date _____

For Advisor Use Only	
Student GPA _____	Number of hours completed _____
Prerequisites met	Yes No