

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 course(s).

Course 1 _____
 Course 2 _____

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