

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