



AUDIT APPLICATION & REGISTRATION

Are you currently enrolled at the University of Mary Washington? [] Yes [] No

If yes, please complete items 1, 2, 3, and 11 below. Otherwise, complete the entire form.

1. Application for: [] Fall [] Spring [] Summer Year: _____

2. Name: _____

Last First Middle

3. Social Security Number: _____ Telephone: _____

4. Mailing Address: _____

Street

City State Zip

5. Please check the appropriate race/ethnic designation:

NOTE: This information in the demographic section is optional. Answers to these questions will not be used in a discriminatory manner.

Are you Hispanic/Latino? [] Yes, Hispanic/Latino (including Spain) [] No

Regardless of your answer to the prior question, select one or more of the following ethnicities that best describe you:

- [] American Indian or Alaska Native (including all Original Peoples of the Americas)
[] Asian (including Indian subcontinent and Philippines)
[] Black or African American (including African and Caribbean)
[] Native Hawaiian or Other Pacific Islander (Original Peoples)
[] White (including Middle Eastern)

6. [] Male or [] Female 7. Place of Birth: _____ 8. Date of Birth: _____

City or County/State/Country

Month/Date/Year

9. Do you live in Virginia? [] Yes [] No If yes, list county or city of residence _____

10. Have you ever attended the University of Mary Washington? [] Yes [] No If yes, when? _____

11. REGISTRATION Audit fee: \$30.00 per credit hour (non-refundable)

Table with 8 columns: CRN, Discipline, Course #, Suffix, Section, Title, Credits, Fee

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

The University of Mary Washington subscribes to the principles of equal and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliations, marital status, sexual orientation, sex, or age in recruiting, admitting, enrolling students or hiring and promoting faculty and staff members.

Student Signature: _____ Date: _____

Please read the UMW Education Records policy at www.umw.edu/registrar/ferpa_policies_procedures/ferpa_educational_records2.php