NON-DEGREE APPLICATION/REGISTRATION FORM

This form is designed for individuals interested in taking GFED 676 who have never taken a Millersville University course, or have not taken a graduate course within the past 5 years. If you are unsure of your current status at Millersville please call 717-871-7171 or email profdev@millersville.edu prior to completing this form.

	Please email o	comple	ted applic	cation/re	egisti	ration form	n to pi	rofdev	v@m	illersville.edu		
PERSONAL INFORMATION *=REQUIRED FIELDS												
*First Name: Mido				dle				*P	refix			
*Last Name:								:				
Other name under which your current appear:				records may						<u> </u>		
Millersville University Student ID #, if applicable:				*Social Security Number: (xxx-xx-xxxx)			*Birth date: (mm/dd/yyyy)					
*Email Addre												
*Are you a Pennsylvania Resident? Yes No			If Yes, How long have you been a resident?									
*Are you a U.S. Citizen?			If no. are you a Resident Alien? Yes No									
Yes No If no, please indicate your Country of Citizenship:												
*Street Address			Street Address Line 2: *City:								*State:	
*Zip Code:	*Zip Code: *County *Ho		*Home Pho	ome Phone Number: xxx-xxx-xxxx Ce					Cell Phone Number: xxx-xxx-xxxx			
SUPPLEMENTAL INFORMATION												
Completion of this section is voluntary. The purpose of this information is to submit reports to governmental compliance agencies and for university administrative data collections. This information will not affect the admissions decision.												
Ethnicity: (select one)			Race: (select one or more)						Sex:			
Hispanic or Latino			Ameri	Alaska Native			Male					
Not Hispanic or Latino			Asian						Female			
			Black or African American									
			Native Hawaiian or Pacific Islander									
Are you a veteran?		If you	lf you are a veteran, when did y			ou serve?			Are you receiving veteran's benefits?			
Yes or no		From:	From: (mm/yyyy)		To: (mm/yyyy)			Y	Yes No			
Type of Disch	harge:											
What branch of the U.S. military did you serve?		Arm	Army Marine Corp			ps Navy A			ir Force Coast Guard			
PLEASE REGISTER ME FOR												
Session: C		Course	Course Title			CRN Loo			cation:			
Fall 2017 (GFED	GFED 676			12154 MU			J & PAGE Conference			

Undergrad	ate College/University Information
*Institution:	*City:
*State:	*Zip Code:
*Undergraduate GPA (grade point average):	*Undergraduate Degree: (Pick One)
	B.A.
	B.S.
*Undergraduate Major:	B.S. Ed.
	B.F.A.
	B.S.N.
*Date of Graduation: (mm/yyyy):	B.S.W.
	Other, please specify:

*I verify that I have completed a bachelor's degree [] (right click on box, choose properties, choose checked)

I hereby certify that information provided in support of this application is complete and accurate.

Signature

After submitting this form you will receive a confirmation of your registration and your student identification numbers (M#). Your student identification number will enable you to access MAX (Millersville University's Registration and Payment Portal). MAX will enable you to add/drop courses, view and pay your bill and report courses for ACT 48 credit. Please note that Millersville University does not mail bills.