NON-DEGREE APPLICATION/REGISTRATION FORM

This form is designed for individuals interested in taking GFED 674 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 717-871-4723 or email graduate.admissions@millersville.edu prior to completing this form.

Please em	ail comple	eted applic	cation/re	gistration	form to gra	duate.adr	nissio	ns@mi	llersville.e	edu	
	PE	RSONAL	INFOR	MATION	*=RE	QUIRED	FIEL	DS			
*First Name:				Middle				*Prefix:			
*Last Name:											
Other name under	which your	current recor	ds may a	ppear:							
Millersville University Student ID # (if applicab				able):			*Social Security Nur (xxx-xx-xxxx)		nber: *Birth date: (mm/dd/yyyy)		
*Email Address:											
*Are you a Pennsylvania Resident? If Yes, H Yes No				How long have you been a resident?							
*Are you a U.S. Citizen? Yes No				If no, are you a Resident Alien? Yes No							
If no, please indicate your Country of Citizer				Ship: Visa Classification:							
*Street Address			Street	Street Address Line 2: *City:				*State:			
*Zip Code: *County:				*Home Phone Number (xxx-xxx-xxxx): Cel				ell 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			Ame	American Indian or Alaska Native				Male			
Not Hispanic or Latino			Asia	Asian				Female			
			Blac	Black or African American							
				Native Hawaiian or Pacific Islander							
Are you a veteran? If you are a veterar		an, when	an, when did you serve?			benefit			u receiving veteran's s?		
Yes No	From	From: (mm/yyyy)		To: (mm/yyyy)			Yes			No	
Type of Discharge:											
What branch of the U.S. Army military did you serve?		Army		ne Corps	Navy		Air Forc	e	Coast Guard		
		1		SE REGIS	STER ME F	FOR					
		Course Tit			CRN:		Location:				
Fall 2019Gi		GFED 67	4		11351		MU & PAGE Conference				

Undergraduate 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 number (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.