

Registration Form

Please complete application, detach, and send/fax to:

Beth Doub
School of Music
Anderson University
1100 E. Fifth Street
Anderson, IN 46012

Telephone: (765) 641-4543
Fax: (765) 641-3809

Student Information

Title: Mr. Mrs. Miss Dr.

Gender: Male Female

Name _____
LAST FIRST MIDDLE INITIAL

Permanent Address _____
STREET CITY STATE AND ZIP

_____ COUNTRY

Day Phone _____ Evening Phone _____

E-mail _____ Date of Birth _____

Social Security Number _____

Baccalaureate

Degree Earned _____ Year _____

Major _____ Institution _____

Course Registration

Tuition rate at which you are registering

Course #	Course Title	# Credits	Degree	Nondegree	PDR*
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Professional Development Rate

See panel titled *How Do I Register for Courses* for information on tuition rates.

Citizenship

Anderson University is required to report student profile information to the state and federal government. Your responses are confidential and will not influence admission to the university.

U.S. Citizen Permanent resident of the United States

Foreign Student: Visa Type _____ Visa Number _____

Country of Citizenship _____

Ethnic Background (optional): American Indian, Alaskan Caucasian/White

Asian American/Oriental Hispanic, Mexican American, Puerto Rican

African American, Black Other _____

U.S. Military Veteran: Yes No

Please send Information about the following:

Housing Master of Music Education Degree

I have read and understand the terms of registration and I understand that the information in this document may be subject to change.

Signature _____ Date _____

Registration will not be processed without payment.