

# Shepherd UNIVERSITY

Shepherd University  
Office of Admissions  
P.O. Box 5000  
Shepherdstown, WV 25443-5000  
Phone: (304) 876-5463  
(800) 344-5231

## STUDENT REGISTRATION FORM

FOR NEW NON-DEGREE STUDENTS ONLY

### HIGH SCHOOL / UNIVERSITY CONCURRENT ENROLLMENT

ALL LINES MUST BE COMPLETED BEFORE REGISTRATION CAN BE SUCCESSFULLY PROCESSED.

TYPE OR PRINT NEATLY

Date: \_\_\_\_\_

1. Social Security No.: \_\_\_\_\_
2. Name (Last, First, Middle): \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. WV County: \_\_\_\_\_
5. Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_
6. E-mail Address: \_\_\_\_\_
7. Ethnicity: Are you Hispanic/Latino?  No  Yes  
Please check one or more:  American Indian/Alaska Native  Black/African American  
 Native Hawaiian or other Pacific Islander  White  
With what race or ethnicity do you most closely identify?  
 White (not of Hispanic origin)  Black (not of Hispanic origin)  Hispanic  Asian or Pacific Islander  
 American Indian/Alaska Native
8. Birth date: \_\_\_\_\_
9. Citizenship: \_\_\_\_\_
10. Name of High School: \_\_\_\_\_
11. Address of High School: \_\_\_\_\_
12. Have you earned a high school diploma?  No  Yes Anticipated Date: \_\_\_\_\_ H.S. GPA: \_\_\_\_\_
13. Have you earned a GED?  No  Yes Date: \_\_\_\_\_ Score: \_\_\_\_\_
14. Attended Shepherd previously?  No  Yes Date: \_\_\_\_\_
15. If enrolled under a different name, list: \_\_\_\_\_
16. Plan to work toward a degree at Shepherd?  No  Yes (If Yes, please contact the Office of Admissions.)  
Students registering with this form cannot change to degree seeking status after September 30 for the first semester, or after March 1 for the second semester.
17. Have you earned a degree?  No  Yes List Degree: \_\_\_\_\_
18. Have you registered with the Selective Service?  No  Yes  Not Required  
(Almost all male U.S. citizens, and male aliens living in the U.S., who are 18 through 25, are required to register with Selective Service)

### COURSE REGISTRATION

Complete all blocks for each class listed — Please provide alternates

CRN#	Subject	Course #	Sec.	Day	Time	Course Title	Credit Hrs.	Audit
LIMITED TO SEVEN (7) HOURS.							TOTAL:	

Signature: \_\_\_\_\_

List parents' or legal guardians' name (if living with them): \_\_\_\_\_