Transient Application / Registration Form (Non-Spring Hill students please include a \$25 application fee.)

| Title Last Name | | First | | Middle | |
|---|--|--|---|----------------|---------|
| Current Address | | | | | |
| Number | | City | | State | Zip |
| Previous names if applicab | le | | | | |
| Home or permanent address | S | | | | |
| Telephone () | | SSN | Email | | |
| Religion (optional; this info | ormation will not b | used in a discriminatory manner) | | Marital Status | |
| | | will not be used in a discriminatory manr ican American □ Native □ Hawaiia | | | |
| Sex D | ate of birth | // Citizenship | | | |
| INTENDED REGISTRA Term Course | | itle | | | Credits |
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Phone: (251) 380-3030 **♦** Fax: (251) 460-2186