

# Non-Degree Seeking (Special) Student Registration Request

Use this form to be entered into the student registration system if you wish to register as a non-degree seeking student. The form will be electronically submitted to the Records and Registration Office. An immediate confirmation will be sent to you that the office has received your request. Generally, within 24 hours you will receive an E-mail confirmation and complete instructions on how to register.

## Name:

\_\_\_\_\_

First

\_\_\_\_\_

Middle

\_\_\_\_\_

Last

\_\_\_\_\_

Previous

## Current Address:

\_\_\_\_\_

Street Address Line 1

\_\_\_\_\_

City

\_\_\_\_\_

State (example - MN)

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

Zip (example - 56301)

\_\_\_\_\_

County  
(example - Stearns)

## Permanent Address: (if different)

\_\_\_\_\_

Street Address Line 1

\_\_\_\_\_

City

\_\_\_\_\_

State (example - MN)

\_\_\_\_\_

Street Address Line 2

\_\_\_\_\_

Zip (example - 56301)

\_\_\_\_\_

County  
(example - Stearns)

## Contact Information:

\_\_\_\_\_

Home Phone Number

\_\_\_\_\_

Cell Phone Number

\_\_\_\_\_

E-mail Address

## Emergency Contact

\_\_\_\_\_

Name:

\_\_\_\_\_

Phone:

**Citizen/Resident**

- Citizen of the United States: resident of which state? \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_
- Resident Alien of the United States
- International Student: Resident of Which Country? \_\_\_\_\_

**I wish to register for SCSU courses because I seek:**

**I wish to begin classes:**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Undergraduate courses with the intention of being admitted | _____ Year ( <i>example - 2009</i> ) |
| <input type="checkbox"/> Undergraduate courses as a lifelong learner                | <input type="checkbox"/> Fall        |
| <input type="checkbox"/> Graduate courses with the intention of being admitted      | <input type="checkbox"/> Spring      |
| <input type="checkbox"/> Graduate courses as a lifelong learner                     | <input type="checkbox"/> Summer      |

**Educational Experience:**

- High School Diploma
- GED
- None

Year Received \_\_\_\_\_

Institution \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

**Do you hold a baccalaureate degree?**

- Yes
- No

If Yes, institution \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_

**Have you attended SCSU before?**

- Yes
- No

Last attendance: Semester \_\_\_\_\_ Year \_\_\_\_\_

**Have you submitted an application for undergraduate admission?**

- Yes
- No

Semester \_\_\_\_\_ Year \_\_\_\_\_

**Have you submitted an application for graduate admission?**

- Yes
- No

Semester \_\_\_\_\_ Year \_\_\_\_\_

Please see statement regarding confidential information below.

**Birthdate:** mm \_\_\_\_ dd \_\_\_\_ yyyy \_\_\_\_

(necessary for establishment in the registration system)

**SSN:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Gender:** \_\_ Male \_\_ Female

**Are you Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture, regardless of race)?** \_\_ Yes \_\_ No

**Race and ethnic background:** (select any that apply)

\_\_\_\_ American Indian or Alaskan Native: A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment

\_\_\_\_ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent.

\_\_\_\_ Black or African American: A person having origins in any of the black racial groups of Africa.

\_\_\_\_ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

\_\_\_\_ White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Signature required by all special students (non-degree seeking)**

\_\_\_\_ I certify that the information given on this form and on all other registration materials is complete and correct to the best of my knowledge. I understand that falsification of information on this form may be cause for SCSU to void my registration or take other appropriate action. *\*\*Note: You must sign your request by entering your name and date below.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date (mm/dd/yyyy)**

### Confidential Information

Welcome and thank you for your interest in St. Cloud State University. It is important for you to be aware of the following data privacy issues before submitting this form.

The University is asking you to provide information that includes private and/or confidential information under state and federal law. The University is asking for this information in order to process your request.

You are not legally required to provide the information the University is requesting; however, the University may not be able to effectively process your request if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty, who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- To other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- To federal, state or local officials for purposes of program compliance, audit or evaluation;
- As appropriate in connection with your application for, or receipt of, financial aid;
- To your parents, if your parents claim you as a dependent student for tax purposes;
- If the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- To an institution engaged in educational research or accrediting agency.

SCSU abides by the provisions of the Title 9 federal and state legislation forbidding discrimination on the basis of sex, race, color, gender, religion, marital status, creed, status with regard to public assistance, membership/activity in a local commission, status as a Vietnam-era veteran, age, ancestry, disability, national origin, sexual orientation, or citizenship. This document can be made available in formats such as large print or cassette tape, upon request.