

SALEM COLLEGE APPLICATION FOR CROSS-REGISTRATION

TERM: FALL SPRING YEAR: _____

STUDENT NAME: _____
LAST FIRST M. I.

INSTITUTION: _____ SALEM ID NO: _____

DATE OF BIRTH: ___/___/___ GENDER: _____ SALEM EMAIL: _____

NC RESIDENCY: YES NO CITIZENSHIP (IF OTHER THAN USA): _____

ETHNICITY: HISPANIC
 AMERICAN INDIAN or ALASKA NATIVE
 ASIAN
 BLACK or AFRICAN AMERICAN
 NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
 WHITE (Non-Hispanic)

PERMANENT ADDRESS: _____
STREET

CITY STATE ZIP

PHONE NUMBER EMAIL

EMERGENCY CONTACT: _____
NAME PHONE NUMBER

STREET

CITY STATE ZIP

COURSE(S) REQUESTED: _____
PREFIX NUMBER SECTION NAME OF COURSE

PREFIX NUMBER SECTION NAME OF COURSE

AUTHORIZED BY: _____ ADVISOR _____ REGISTRAR DATE: _____

FOR OFFICE USE ONLY: <input type="checkbox"/> INSTRUCTOR PERMISSION <input type="checkbox"/> REGISTRAR PERMISSION DATE REGISTERED: _____ INSTITUTION ID: _____
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