AUDIT APPLICATION & REGISTRATION

Are you currently enrolled at the University of Mary Washington? ☐ Yes ☐ No
If yes, please complete items 1, 2, 3, and 11 below. Otherwise, complete the entire form.

1. Application for: ☐ Fall ☐ Spring ☐ Summer Year: __________________________

2. Name: __________________________ __________________________ __________________________

3. Social Security Number: __________________________ Telephone: __________________________

4. Mailing Address: __________________________ __________________________

   Street __________________________

   City __________________________ State __________________________ Zip __________________________

5. Please check the appropriate race/ethnic designation:

   NOTE: This information in the demographic section is optional. Answers to these questions will not be used in a discriminatory manner.

   Are you Hispanic/Latino? ☐ Yes, Hispanic/Latino (including Spain) ☐ No

   Regardless of your answer to the prior question, select one or more of the following ethnicities that best describe you:

   ☐ American Indian or Alaska Native (including all Original Peoples of the Americas)
   ☐ Asian (including Indian subcontinent and Philippines)
   ☐ Black or African American (including African and Caribbean)
   ☐ Native Hawaiian or Other Pacific Islander (Original Peoples)
   ☐ White (including Middle Eastern)

6. ☐ Male or ☐ Female 7. Place of Birth: __________________________

   City or County/State/Country __________________________ 8. Date of Birth: __________________________

   Month/Date/Year __________________________

9. Do you live in Virginia? ☐ Yes ☐ No If yes, list county or city of residence __________________________

10. Have you ever attended the University of Mary Washington? ☐ Yes ☐ No If yes, when? __________________________

11. REGISTRATION Audit fee: $30.00 per credit hour (non-refundable)

   CRN Course Section Title Credits Fee

   Instructor Signature: __________________________ Date: __________________________

   Instructor Signature: __________________________ Date: __________________________

   Instructor Signature: __________________________ Date: __________________________

   The University of Mary Washington subscribes to the principles of equal and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliations, marital status, sexual orientation, sex, or age in recruiting, admitting, enrolling students or hiring and promoting faculty and staff members. The University will not recognize or condone student, faculty or staff organizations that discriminate in selecting members. Complaints of discrimination should be directed to the AA/EEO officer of the University. The information regarding race, sex, place and date of birth is requested for reports the University provides to Federal and other agencies collecting data to assure equal opportunity. Your cooperation is appreciated.

   Student Signature: __________________________ Date: __________________________

   Please read the UMW Education Records policy at http://academics.umw.edu/registrar/ferpa-policies-procedures-services/ferpa-and-educational-records/.

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