

OFFICE OF THE REGISTRAR

Fredericksburg Campus Lee Hall 206 Phone: (540) 654-1063 Fax: (540)654-2145

Office Use Only
User
Date

AUDIT APPLICATION & REGISTRATION

A					
1. Application for:	Fall	Spring	Summer	Year:	
2. Name:					
. Social Security Num	Last iber:		First	Telephone:	Middle
. Mailing Address:	Stree	t			
. Please check the ap		City		State	Zip
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☐ Male or ☐ Fem	nale 7. Place of	Birth:		8. Date of Birth:	Month/Date/Year
• Have you ever atte	ended the Univ	ersity of Mary Wa	ashinaton? \square Ve	s 🗌 No If ves when	>
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nstructor Signature: estructor Signature: estructor Signature: estructor Signature: ene University of Mary Wash ce, color, religion, disabilit cudents or hiring and prom- scriminate in selecting mer	Audit fee: \$30 RSE Secondary Inington subscribes By, national origin, oting faculty and simbers. Complaints birth is requested	to the principles of expolitical affiliations, mostaff members. The Ur of discrimination should be a considered as a constant of the constant	qual and affirmative active situation aritical status, sexual or inversity will not recoguld be directed to the	ble) itle Date: Date: Date: Date: Date: ction. The University does necentation, sex, or age in reconize or condone student, fa	credits Fee