



Special Student Registration Form Mary Baldwin University

Full Name: _____

Sex: Female Male

Date of Birth: _____

State of Legal Residence: _____

Social Security #: _____

County of Legal Residence (if VA): _____

Country of Residence: _____

Home Address: _____

Phone: _____

Student's Email Address: _____

NOTE: Information below collected for statistical purposes only.

Ethnic: Hispanic/Latino Non-Hispanic/Latino Non-Reported

Ethnicity: American/Alaska Native

Asian

Black or African American

Hawaiian/Pacific Islander

White

Non-Reported

Are you in the US under a Visa? No Yes - Visa Type: _____

TERM: Fall Semester of _____ Spring Semester of _____

REQUESTED COURSES:

Course # & Section _____ Title: _____

Course # & Section _____ Title: _____

I certify that I am a full-time student and acknowledge that it is my responsibility to notify the Registrar's Office at VMI if I choose not to take or withdraw from the above activity prior to the end of classes. I further authorize the VMI Registrar's Office to release to the respective home institution specific grade information upon request and at the conclusion of each semester of registration. (NOTE: Student grades are posted directly online and can be accessed thru Post View.)

(Student Signature)

(Date)

Signature of the Mary Baldwin University Registrar: I certify that the above name student is a full-time student at Mary Baldwin University and eligible to seek enrollment at VMI on a space available basis.

(Mary Baldwin Registrar Signature)

(Date)

This form should be completed and submitted to the VMI Registrar's Office by the designated registration deadline each semester.

VMI Registrar's Office Approval : _____ Date: _____