# Certificate Student
# Registration Form

**Registrar's Office**

Intended Semester _____ Year of Entry: _____     Student ID, if previously attended: _____

Certificate Program

Have you graduated from KU? ____Yes ____No  If **No**, when did you last attend:  Semester _____ Year _____

Last Name: _____ First Name: _____ Middle Name: _____

Home Address: _____ APT/Building: _____

City: _____ State: _____ Zip Code: _____ County: _____

Maiden Name: _____ Date of Birth: _____ Gender: _____Male _____Female

SSN Number: *Optional* _____     E-Mail: _____

Home Phone#: _____     Cell#: _____Business#: _____

**Kutztown University is committed to assuring equal opportunity to all persons regardless of race, color, religion, national origin, ancestry or gender. This policy extends to employment within and admission to the University and is in compliance with all federal laws, including Title IX of the Educational Amendment of 1972.**

What is your Ethnicity? ___ Hispanic ____ Non-Hispanic

What is your Race? Mark one or more races to indicate what you consider yourself:     ___ White                    ___Asian

___American Indian/Alaskan Native          ___ Black/African American          ____ Native Hawaiian/Pacific Islander

Country of Citizenship: _____ Visa Type: ____ Permanent _____ Student _____ Other

*If you have attended other college(s) complete the following. Any omissions will cause consideration of a fraudulent applicant.*

List all Colleges Attended:                                    Dates of Attendance:

Degree Earned or Number of Credits:_____

**I testify that the information given is both truthful and correct.**

**Signature:**_____     **Date:** _____

Completed by: _____     Date: _____