



Alumni Registration Form

THIS REGISTRATION FORM IS INTENDED FOR USE BY STUDENTS WHO ARE NOT CURRENTLY ENROLLED IN KUTZTOWN UNIVERSITY.

Student ID, if known: _____ Have you previously taken an alumni class? Yes No

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#: _____

PA Resident: Yes No Date of Graduation from Kutztown University: _____

Course Selection

Semester – (_____)

Course Title	Course Prefix	Course Number	Class Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature: _____ Date: _____

Completed by: _____ Date: _____

Registrar's Office, P.O. Box 730, Kutztown, PA 19530 Phone: (610) 683-4485 Fax: (610) 683-1586 Email: regoffice@kutztown.edu