

Registrar's Office, P.O. Box 730, Kutztown, PA 19530

## **Undergraduate Non-Matriculated Student Registration Form**

Registration type:	Undergraduate Student	Advantage Stud	ent (62+ & retired)			
Intended Semester	Year of Entry:	try: Student ID, if previously attended:				
Have you earned a Bache	elor's degree or higher?N	NoYes If Yes, pl	ease apply through G	raduate Admissic	ons Office.	
Last Name:	sst Name:First Name:		Middle Name			
Home Address:		APT/Building				
City		StateZip Co	ode Cor	inty		
Maiden Name:		Date of Birth:	Gender:	Male	Female	
SSN Number: Optional		E-Mail:				
Home Phone#:		Cell#:	Business#	:		
American Indian/Alas Country of Citizenship:  If you have attended other colleges List all Colleges Attended:			ee:Permanent	e Hawaiian/Pacif Student _		
	of Credits:  Course Subject	Course Number	Course Section	Course Title		
	I testify that the informati	on given is both truthf	ul and correct.			
Signature:			Date:			
Completed by:			Date:			

Phone: (610) 683-4485

Fax: (610) 683-1586

Email: regoffice@kutztown.edu