APPLICATION FOR NON-DEGREE STATUS FOR CONCURRENTLY ENROLLED STUDENTS OF TEXAS A&M UNIVERSITY

No fee is associated with this application.

If you do not enroll for the semester for which you apply, reapplication is required. To apply for admission to a graduate degree program, a separate application and application fee are required. Required residency questions are located at http://www.collegeforalltexans.com/index.cfm?ObjectID=6D1466D9-AEA5-DE00-C12F3F75E7367718

1. U.I.N. _____

2. This application is for: [ ] Fall [ ] Spring [ ] Summer I [ ] Summer II [ ] Summer 10-week Year:_____

3. Name: Print or type your full legal name

_____
Last or Family Name First Middle

4. Current mailing address and telephone number E-mail address: _____

_____
Street/P.O. Box/Apt. # (Area Code) Telephone

_____
City County/Province State ZIP Code Country

International students, please list a permanent address abroad:_____
Street/ P.O. Box/ Apt. #

_____
City Province Zip Code Country

Emergency Contact Information:

_____
Name Address Phone Number

5. Gender: [ ] Male [ ] Female 5. Date and Place of Birth _____
Month/Day/Year City State Country

6. Race/Ethnicity* Do you consider yourself to be of Hispanic or Latino origin? [ ] Yes [ ] No

Please select one or more of the following categories that best describes yourself:

[ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American [ ] White
[ ] Native Hawaiian or Other Pacific Islander

**This information is used for statistical purposes and to provide information required by state and federal regulation. You are not required to answer this question; however, an answer is appreciated.*

7. If you are not a U.S. citizen:
_____ Date Issued: _____
Country of Citizenship Visa Type If Permanent Resident, PR Number Month/Day/Year
(Enclose copy of both sides of permanent resident card)

8. With which academic department will you be affiliated? _____What is your current classification at TAMU?_____

THIS APPLICATION IS NOT COMPLETE AND WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE, residency questions, and upon receipt of an official transcript from Texas A&M University.

Signature _____ Date_____

Mail application to:
The Texas A&M Health Science Center Office of the Registrar
8447 Highway 47
Bryan, TX 77807-3260
Phone: 979.436.0191
Fax: 979.436.0099

The Texas A&M University System Health Science Center has a strong institutional commitment to the principle of diversity in all areas. In that spirit, admission is open to all qualified individuals. The Texas A&M University System Health Science Center does not discriminates on the basis of an individual's disability and complies with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) in its admissions, accessibility, treatment and employment of students in its programs and activities.

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.