KENTUCKY STATE UNIVERSITY
OFFICE OF THE REGISTRAR
PHONE: 502-597-6234 **FAX** 502- 597-6239

RE-ENROLLING STUDENT APPLICATION

Social Security Number: _____ **Last KSU Enrollment**: _____ _____
Term Year

Re-enrolling Term: ☐ **Fall** ☐ **Spring** ☐ **Summer** _____ **Year** _____ **Major**

Name: _____ _____ _____ _____
Last **First** **MI** **Maiden/Previous**

Permanent Address: _____

City: _____ **State**: _____ **Zip Code**: _____ **Phone**: _____

Local Address: _____
(If Different)
City: _____ **State**: _____ **Zip Code**: _____ **Phone**: _____

Email Address: _____ **Birthdate**: _____

Marital Status: ☐ Married ☐ Single ☐ Other **Sex**: ☐ Male ☐ Female ☐

Ethnic Origin: ☐ Black ☐ White ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian ☐ Other

U.S. Citizen: ☐ Yes ☐ No **Veteran**: ☐ Yes ☐ No

List all places of residence for the 18 month period prior to the date of this application. Give cities, states and dates.

City and State _____ Dates _____
_____ _____
_____ _____

List all high schools, colleges/universities you have attended since your last KSU enrollment.

Name of School	Address	Attendance Dates	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prior to finalizing your enrollment, the Office of the Registrar must receive official transcripts from the above institutions.

I affirm that all information supplied in this application is true and complete. I understand that withholding information and/or providing false information will make my enrollment subject to cancellation.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date Received: _____ **By**: _____ **Residency**: _____

Academic Major: _____ **Level**: _____ **Degree**: _____

It is the policy of Kentucky State University not to discriminate against any individual in any of its educational programs, activities, or employment on the basis of race, color, national origin, sex, disability, veteran status, age, religion, or marital status.