



Audit Application & Registration

Please print the information requested below:

Are you currently enrolled at the University of Mary Washington? Yes No

If yes, please complete items 1, 2, 3, and 11 below. Otherwise, complete the **entire** form.

1. Application for: Summer Spring Fall

2. Full Legal Name: _____
last first middle

3. Social Security Number: _____ - _____ - _____ (____) _____ (____) _____
Business Phone Home Phone

4. Local Address: _____

5. Please check the appropriate race/ethnic designation:

NOTE: This information in the demographic section is optional. Answers to these questions will not be used in a discriminatory manner. Your cooperation is appreciated.

- | | |
|--|--|
| <input type="checkbox"/> Multi-Racial | <input type="checkbox"/> African American, Black |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Unknown | |

6. Sex: Male Female 7. Place of Birth: _____ city or county/state/country 8. Date of Birth: ____/____/____
mo. da. yr.

9. Do you live in Virginia? Yes No
If yes, list county or city of residence _____

10. Have you ever attended the University of Mary Washington? Yes No
If yes, when? _____

11. REGISTRATION

CRN #	DSC	CRS	SUF	SCN	TITLE OF COURSE	NO. OF CREDITS	CHARGE

Audit fee: \$30.00 per credit hour

Instructor Signature: _____ Date: _____
 Instructor Signature: _____ Date: _____
 Instructor Signature: _____ Date: _____

The University of Mary Washington subscribes to the principles of equal and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliations, marital status, sexual orientation, sex, or age in recruiting, admitting, enrolling students or hiring and promoting faculty and staff members. The University will not recognize or condone student, faculty or staff organizations that discriminate in selecting members. Complaints of discrimination should be directed to the AA/EEO officer of the University. The information regarding race, sex, place and date of birth is requested for reports the University provides to Federal and other agencies collecting data to assure equal opportunity. Your cooperation is appreciated.

Student Signature: _____ Date: _____