

# Senior Guest

## Application for Admission

Auburn University Montgomery  
P.O. Box 244023  
Montgomery, AL 36124-4023  
(334) 244-3796 Fax: (334) 244-3993

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle (Maiden)

Mailing Address \_\_\_\_\_  
Street City State Zip

Home Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Phone(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Female  Male Ethnic Group:  White, Non-Hispanic  Black, Non-Hispanic  Hispanic  Asian, Pacific Islander  American Indian/Alaskan  Other (specify) \_\_\_\_\_

U.S. Citizen?  Yes  No If no, country of citizenship: \_\_\_\_\_

Permanent Resident?  Yes  No

Have you ever been convicted of a felony? Yes No If yes, explain on an additional sheet and attach.

Desired Semester of Admittance:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

In case of emergency, notify \_\_\_\_\_  
Name Telephone Relationship



COURSES:

CRN Course Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby affirm that all information supplied in this application is complete and accurate. I understand that withholding information requested or giving false information may make me ineligible for admission and enrollment. I further understand that it will be my obligation as a student at Auburn University at Montgomery to know and abide by the university policies and procedures as stated in the AUM catalog.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Auburn University at Montgomery is an equal opportunity educational institution and does not discriminate on the basis of race, color, sex, creed, age, national origin, disability, or disabled veteran/Vietnam era veteran status.

If you have a disability that might require special assistance in the application process, please communicate this in advance by contacting the Records Office at (334)244-3796.