



**AUBURN UNIVERSITY
AT MONTGOMERY**

Registrar's Office

P.O. Box 244023

Montgomery, AL 36124

Phone: (334) 244-3125 Fax: (334) 244-3993

Senior Guest Application for Admission

Student Number S _____

Full Name _____

Last

First

Middle (Maiden)

Mailing Address _____

Street

City

State

Zip

Home Phone (____) _____ Business Phone (____) _____

Email _____ Date of Birth ____ / ____ / ____

Gender Female

Ethnic Group White, Non-Hispanic

Asian, Pacific Islander

Male

Black, Non-Hispanic

American Indian/Alaskan

Hispanic

Other (specify below) _____

U.S. Citizen? Yes No (If no; country of citizenship) _____

Permanent Resident? Yes No

In case of emergency, notify _____
Name Phone Number Relationship

Desired Courses _____
CRN # Course Title Class Code #

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

Signature

Date

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, disabled veteran/Vietnam era veteran status.

If you have a disability that might require special assistance, please communicate this before classes start.