



**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 #

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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.