



**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.