

IOWA STATE UNIVERSITY

Distance Education Registration

Return this form to:
 Office of the Registrar
 0460 Beardshear Hall
 Ames, IA. 50011-2049
 Fax: (515) 294-6773

Name	Last (Family)	First (Given)	Middle/Former Surname
Street Address			
City, State, Zip Code			
E-mail Address (for registration questions)			
Telephone	Evening ()		Day ()
SSN* or UID Number (provide as follows):	Social Security Number* <i>(required for first time students)</i>		University ID Number <i>(required for returning students)</i>
<small>*Disclosure of your Social Security Number (SSN) is requested for the student records system of Iowa State University. Federal law requires that you provide your SSN if you are applying for financial aid or desire to claim federal educational tax benefits. Although a SSN is not required for admission to Iowa State, your failure to provide a SSN may delay the processing of your application. Your SSN is maintained and used by Iowa State for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by law. The privacy and confidentiality of your SSN is protected by Federal and State law and Iowa State will not disclose your SSN without your consent for any other purposes except as allowed by law.</small>			
Birth Date: (mm/dd/yy)	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	Are you a U.S. Citizen? Yes <input type="checkbox"/> If no, what is your country of origin? No <input type="checkbox"/> _____	
Is English your native language? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Which race best describes you? (you may check more than one): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander			

Registration Information

Semester or Term	Summer <input type="checkbox"/>	Fall <input type="checkbox"/>	Spring <input type="checkbox"/>	Year _____
Dept/Course abbreviation: (ex. Acct.)	Course Number	Section (begins with X)	Course Credits	
			Undergrad credits	Graduate Credits
Delivery Method				
Tuition and other fees will be billed Face-to-face <input type="checkbox"/> Online <input type="checkbox"/> DVD* <input type="checkbox"/> CD-ROM* <input type="checkbox"/> Other _____				

*Courses via CD-Rom, DVD, -If your address for the semester will be different from above, where should materials be sent?

Have you been previously enrolled at ISU? yes no If yes, when were you last enrolled? _____
 Did you leave in good academic standing? yes no
 (If you were academically dismissed, you must obtain permission from your college dean's office to enroll.)
 If your name changed since last enrollment, give your former name _____

Previous Education

High School	City	State	Graduation Date	
College or university granting baccalaureate or higher degree	City	State	Degree	Date Awarded

If you received your degree(s) under a different name, give that name _____
 Are you registering as an undergraduate student? _____ Or as a graduate student? _____

Note: If you have a bachelor's degree from a regionally accredited college or university and the course you are taking is a graduate course, you must register as a graduate student.

I certify that all statements in this application are complete and true and that Iowa State University has my permission to obtain certification of my baccalaureate and/or high school graduate.

Student's signature _____ Date _____