Admission Application/Pre-enrollment Form

INSTRUCTIONS: Must complete each item except (1) Undergraduate students who were enrolled the immediate past semester or term need only complete unshaded items and the reverse side. (2) Graduate students who were enrolled for graduate credit in any semester or term the past three years need only complete unshaded items and the reverse side unless you now wish to pursue a graduate degree and were previously a non-degree student. (Items with asterisk "*" are for reporting to Federal Compliance Agencies only and will not be used in determining admission status.) ***Please type or print clearly.***

Semester or Term of this Enrollment
Fall 20_____ Spring 20 _____ Summer 20 _____

E-mail Address

Home Phone ( ) -
Business Phone ( ) -
Cellular Phone ( ) -

Social Security Number

*Male ❑
Female ❑

Legal Name (Last-First-Middle) (Maiden)

Date of Birth (Mo.-Day-Yr.)
____ ____ ____

*Single ❑
Married ❑

Are you a Veteran?
Yes ❑ No ❑

Address While Enrolled (Street and Number-Apt. or Lot No. City-State-Zip) County

Place of Birth (City and State)

Permanent Home Address (Street and Number-Apt. or Lot No.)

I plan to obtain a degree from FHSU Yes ❑ No ❑

Major

Permanent Home Address (City-State-Zip) County

Advisor Name

Attended FHSU Previously? Yes ❑ No ❑ If yes, last date attended

Name under which you have previously enrolled at FHSU or at any other college or if different from name above.

_____
(Last) (First) (Middle)

* Check one box:
❑ American Citizen (0,1)
❑ Permanent Resident Alien (3,4)
(Attach a copy of your Permanent Resident Alien Card-green card)
❑ Citizen of _____ (Country) (2)

For KANSAS home address: Have you lived in Kansas continuously for the past 12 months? Yes ❑ No ❑; Father? Yes ❑ No ❑; Mother? Yes ❑ No ❑; Guardian? Yes ❑ No ❑

CHECK ONE BOX ONLY - PLEASE

❑ I am a high school student or do not have a high school diploma.
Name of High School: _____
Circle current classification: FR SO JR SR
Submit a permission letter from high school official to the Registrar's Office.

❑ I am an undergraduate student — I do not have a bachelor's degree.
Number of college hours to date _____

OR

❑ I am a FHSU senior — I do not have a college degree, but wish to receive graduate credit along with undergraduate credit.

Have a bachelor's or graduate degree. I am enrolling for:
❑ Undergraduate Credit
❑ Graduate Credit (non-degree)
Send bachelor's transcript to the Graduate School

❑ Graduate Credit for Masters Degree in _____
(Contact the Graduate School for complete application packet--see reverse side.)
❑ Graduate Credit for Education Specialist Degree

List all colleges previously attended. If seeking an undergraduate degree at FHSU, all official transcripts from each institution need to be mailed to the Registrar's Office at FHSU prior to registration/enrollment. Graduate degree-seeking students should have transcripts sent directly to the Graduate School.

Institution	Address	Dates of Attendance	Cr. Hrs. Earned	Degree/Certificate Awarded and Year
		____to____		Yr._____
		____to____		Yr._____
		____to____		Yr._____

Name and address of employer this past year:

FHSU ENROLLMENT: I am enrolling in: **CHECK BOX THAT APPLIES**

Line Number	Dept.	Course No.	Sect.	Name of Course	Cr. Hrs.	Undergrad. Credit	Graduate Credit	Pass/ No Credit

First Generation College Student Information: Please mark only one response.
A. Both parents have a high school diploma of less. True ❑ False ❑; B. One or both parents have some college experience but neither has attained a bachelor's degree. True ❑ False ❑;
C. One or both parents have earned a bachelor's degree or higher. True ❑ False ❑

Parent Information (May omit if 21 or older): ❑ Mr. ❑ Mrs. ❑ Mr. & Mrs. ❑ Other

Name of Parents or Legal Guardian (Last-First-Middle) (May omit if 21 or older):

Degree Completion: Are you earning a degree this semester? Yes ❑ No ❑
If yes, graduate students contact Graduate School; undergraduate students contact Registrar's Office for diploma order, final record check, etc.

Address of Parents or Legal Guardian (Street-City-State-Zip) (May omit if 21 or older):

If parents are divorced, who has legal custody? (May omit if 21 or older)
Father ❑ Mother ❑ Legal Guardian ❑ Self ❑

*Optional: I fall within the definition of disabled. Yes ❑ No ❑
(A disability which substantially limits one or more life activities.)
I would like information on campus services for the disabled. Yes ❑ No ❑

DO NOT WRITE IN THIS SPACE - OFFICE USE ONLY RECPT# _____ DATE _____

State	(____)	**Class**	(____)
County	(____)	**Advisor**	(_____)
Res.	(____)	**Major**	(_____)
H.S.	(____)	**Ethnic**	(____)
City	(____)	**UG APP**	(_____)
Col.	(____)	**GR APP**	(_____)
Dis.	(____)	**Mat.**	(____)

ETHNICITY: **Are you Hispanic or Latino?** ☐ **YES** ☐ **NO**

RACE: **Select one or more of the following:**

☐ **American Indian or Alaska Native**
(A person having origins in any of the original peoples of North and South America, including Central America, and who maintains a tribal affiliation of community attachment).

☐ **Asian**
(A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam).

☐ **Black or African American**
(A person having origins in any of the black racial groups of Africa).

☐ **Native Hawaiian or Other Pacifica Islander**
(A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).

☐ **White**
(A person having origins in any of the original peoples of Europe, the Middle East or North Africa).

THE STATEMENT BELOW MUST BE SIGNED IN ORDER TO PROCESS THE ENROLLMENT

I certify that to the best of my knowledge all statements that I have made on this application are complete and true, and I understand that acceptance of this enrollment in this course does not constitute admission to a degree program, I understand that the faculty reserves the right to decide on the acceptability of this course towards my specific degree program. Additionally, I have completed the items on this application as instructed, and I will provide FHSU the documents required as a condition of admission and enrollment. The student understands and agrees that the laws of the State of Kansas apply to any dispute between student and Fort Hays State University arising out of any and all aspects of the student's education through FHSU, and that Kansas courts shall have exclusive jurisdiction over any lawsuit brought by either FHSU or the student arising out of any aspect of the student's education at Fort Hays State University.

_____ _____
Student's Signature Date

SUBMIT:

☐ Signed Admission Application/Registration Form
☐ Signed Fee Payment Agreement Form
☐ Payment — Check or credit card by mail or in person to:
Registrar's Office
Fort Hays State University
Sheridan Hall, Room 106
600 Park Street
Hays, Kansas 67601-4099
☐ Undergraduate Students: $30.00 ($35.00 international students) non-refundable application fee if attending FHSU for the first time.
☐ Non-degree Graduate Students: Copy of Bachelor's or Master's degree transcript — send directly to:
Graduate School
Fort Hays State University
Picken Hall, Room 202
600 Park Street
Hays, Kansas 67601-4099
☐ Degree-seeking Graduate Students: Please contact the Graduate School for application materials at (785) 628-4236 or go to www.fhsu.edu/gradschl/

• Refer to current class schedule calendar for deadlines. • Students who have made fee payment arrangements may make schedule changes with academic advisor approval prior to classes starting. Once classes have started, the standard add/drop process begins.

SENIOR CITIZEN CERTIFICATION

Senior citizen: I certify I am 60 years of age or older. In accordance with Kansas Board of Regents Policy I am eligible to audit, subject to approval of instructor on space available basis, free of charge. (Virtual College classes are not available for audit.)

Check one: ☐ Transcript Record Audit ☐ No Transcript Audit

Be certain to indicate the name of the course(s) on reverse side.

_____
Signature of Senior Citizen