

# FLORIDA A&M UNIVERSITY

## REGISTRAR'S OFFICE

1735 Wahnish Way, C.A.S.S. Bldg., Suite #206 – Tallahassee, FL 32307  
 Office: (850) 599-3115 Fax: (850) 561-2428 Email: [registrardocs@famu.edu](mailto:registrardocs@famu.edu)

### NON-DEGREE SEEKING STUDENT APPLICATION FORM

(Please attach to this application the following: Official proof of residency; a minimum of two (2) Florida Documents are required (Examples: Florida Driver's License, Florida Voter's Registration or Florida Vehicle Registration); \*Official transcripts of last obtained degree/diploma and \*Immunization Records)

**NOTE: ALL information requested on this form and the documents above must be provided in order for your Non-Degree admission application to be processed. Incomplete application packets will be returned without processing.**

1. Name: \_\_\_\_\_  
 Print Last Name                      Print First Name                      Print Middle Name

2. Soc. Sec. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_                      NATION OF BIRTH

3. Of what country are you a citizen? \_\_\_\_\_                      4. E-MAIL Address: \_\_\_\_\_

**Payment Information**

1.) The Application Fee is \$5.00 each.  
 2.) Payment method:  
 Money Order  
 Cashier's Check  
**(one time only for new applicants)**

5. Permanent Mailing Address: \_\_\_\_\_                      6. Local Mailing Address: \_\_\_\_\_  
 Name & Street                      Name & Street

\_\_\_\_\_                      \_\_\_\_\_  
 City or Country                      State                      Zip Code                      State or Country                      State                      Zip Code

7. Ethnic Origin (Required by U.S. Dept. of Education under Title VI of the Civil Rights Act)

Check One:  Black (not Hispanic origin)  White (not Hispanic origin)  Hispanic  Asian or Pacific Islanders  American Indian or Alaskan  Other (Specify) \_\_\_\_\_

8. Sex  Male  Female                      9. Date of Birth:  /  /                       10. Marital Status  Single  Married  Other  
 Mo.                      Day                      Year

11. Telephone Number Home: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Business: ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

12. Term (Check One): **Fall**  **Spring**  **Summer**  **A**  **B**  **C Year 20** \_\_\_\_\_

13. Fee Payment Validation – All Students regardless of the means by which their fees are paid MUST complete registration by reporting to Students Accounts for fee payment validation. Failure to do so will result into either the assessment of a PAYMENT fee of \$100.00 or cancellation of the student's registration.

14. What is your expected major? \_\_\_\_\_

15. Date of first courses at FAMU  /  /  (On-Campus or Off-Campus) \_\_\_\_\_  
 Month                      Year

16. List the Name of the High School you graduated from and date: \_\_\_\_\_  
 Name

HIGH SCHOOL CODE       /  /        
 Diploma Date                      City                      State

17. DESIRED USE OF CREDIT:  Undergraduate Degree\*  Graduate Degree\*  
**\* If you expect to earn a degree, you must submit an Application to FAMU Admissions Office.**

Name of last colleges and/or universities that you've attended.	Location	Degrees Earned			Degrees Expected		
		Degree	Mo.	Yr.	Degree	Mo.	Yr.
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Use numbers e.g. January, 2000 ( 0 1 0 0 )

Withdrawal – To withdraw from one or more courses, a Non-Degree (Special) Student must submit a written request to the FAMU University Registrar Office, 1735 Wahnish Way, C.A.S.S. Bldg., Suite #206 Tallahassee, FL 32307.  
 Refer to the University Calendar for withdrawal deadline date.

**TYPE OF REGISTRATION**  
 TRANSIENT  
 HIGH SCHOOL/DUAL ENROLL  
 SENIOR CITIZEN  
 EVEN/WEEKEND

STATE EMPLOYEE  
 FAMU EMPLOYEE  
 COMMUNITY COLLEGE/DUAL ENROLL  
 REGULAR NON-DEGREE

I hereby certify that the above information is complete and accurate and affirm that I am ( ) or am not ( ) a bona fide resident of the State of Florida for tuition purposes.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

REGISTRAR'S USE ONLY: DO NOT WRITE BELOW:						
CLASSIFICATION CIRCLE ONE: Freshman, Sophomore, Junior, Senior or Graduate Student	HOLDS	DEGREE CURRENTLY	RESIDENCY CODE	FAMU ID#	STAFF INITIAL:	DATE PROCESSED