



**Permanent Address:**

Street:	(Line 1)	
	(Line 2)	
City:	State:	Zipcode:
Ohio County (Required):		
Email Address:		
Telephone Number (Area code is required): (    )		
Daytime Phone (if different from above): (    )		

**1. How long have you lived at the above address?** \_\_\_\_\_

**2. If less than one year, please list any other address(es) during the last twelve months.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**US Citizen**      Yes     No

**If no, VISA TYPE** \_\_\_\_\_

If Visa type is Permanent Resident, please attach a copy of your Permanent Resident Alien Card

**Gender:**    Male       Female

**Date of Birth:** \_\_\_\_\_  
(month/day/year)

**Last term and year of enrollment:** \_\_\_\_\_

**Please check one of the following. This information is used for reporting purposes only.**

Ethnic Origin:

- W** - Caucasian American       **A** - Asian or Pacific Islander American  
 **B** - African American       **H** - Hispanic American       **N** - Native American       **F** - Non-US Citizen

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

<p><b>Graduate Office(s) Use Only</b></p> <p>Received By:</p> <p>Date:</p> <p>Create new matriculation with _____ exit term</p> <p>Catalog Year should be _____</p>
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<p><b>Registrar's Office Use Only</b></p> <p>Processed by:</p> <p><input type="checkbox"/> Verified Holds</p> <p>Date:</p>
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