

Registration for Semester _____ Location _____

Please type or print in **BLACK** ink.

Brandman University considers applicants without regard to race, religion, color, national origin, age, sex, marital status, disability, veteran status or any other characteristic protected by applicable state or federal civil rights laws. Some information requested in this application is requested for federal reporting, and will not be used in a discriminatory manner.

PRIOR TO THIS REGISTRATION

What was the last session/year attended at Chapman? _____

Session/Year _____

Personal Information: *Please enter your full legal name.*

Campus _____ Academic Program _____

ID #

Mr. Mrs. Ms. Miss **Check here if address below is new** Undergraduate Graduate

Name _____
(Last) (First) (Middle Initial)

Current Address _____
(Street Address) (Apartment Number)

(City) (State) (Zip)

Primary Phone (____) _____ Business Phone (____) _____

E-mail Type: Business Chapman Personal E-mail Address _____

Session I (e.g. 2007A09)	Is this an online course (circle one)	Course	Course Section	Course Title	L=Letter A=Audit P=Pass/No Pass	Number Credits
<input type="checkbox"/>	Yes No					
<input type="checkbox"/>	Yes No					
<input type="checkbox"/>	Yes No					
Session II (e.g. 2007B09)	Is this an online course (circle one)	Course	Course Section	Course Title	L=Letter A=Audit P=Pass/No Pass	Number Credits
<input type="checkbox"/>	Yes No					
<input type="checkbox"/>	Yes No					
<input type="checkbox"/>	Yes No					

Military Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Army Nat'l Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard	Status: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Civilian <input type="checkbox"/> Enlisted <input type="checkbox"/> Enlisted <input type="checkbox"/> Civil Service <input type="checkbox"/> Officer <input type="checkbox"/> Officer <input type="checkbox"/> DOD Contractor <input type="checkbox"/> Dependent of Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> Inactive	Veteran Chapter: <input type="checkbox"/> 30 <input type="checkbox"/> 32 <input type="checkbox"/> 31 <input type="checkbox"/> 35 <input type="checkbox"/> Other
Do you need a base pass: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____