

AMBERTON UNIVERSITY ENROLLMENT REQUEST FORM

Refer to the Schedule of Classes for valid enrollment dates

Amberton University Fax: (972) 279-9773

Session: ___ Fall ___ Winter ___ Spring ___ Summer Year _____

I. STUDENT INFORMATION:

Student ID (AU ID or SSN): _____

First Name: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Daytime _____ Evening _____

Employer: _____

E-mail address: _____

New Student: ___ Yes ___ No Classification: ___1) Freshman ___2) Sophomore
___3) Junior ___4) Senior ___5) Graduate

Ethnicity: Hispanic/Latino ___ Yes ___ No

Race: ___ White (1) ___ Amer Indian/Alaska Native (2)
___ Black or African Amer (3) ___ Asian (4)
___ Hawaiian/Pacific Islander(7) ___ Unknown (6)

Sex: ___ Male ___ Female

Enter Degree Code: (Listed Below) _____

<i>Undergraduate</i>	<i>Graduate</i>
BA Professional Development (14)	MA Christian Counseling (40)
BBA General Business (31)	MA Professional Counseling (23)
BBA Management (32)	MA School Counseling (41)
BBA Management Accounting (33)	MA Professional Development (17)
BBA Project Management (36)	MBA General Business (42)
BS Applied Studies (34)	MBA Management (43)
BS Human Relations and Business (35)	MBA Project Management (39)
	MBA Strategic Leadership (44)
Undecided (19)	MS Family Studies (45)
	MS Human Relations and Business (11)
	MS Human Resource Training and Development (46)
	MS Managerial Science (47)

II. COURSES REQUESTED: (Example: BUS3301.01)

Limited to 12 hours for Undergraduate and 9 hours for Graduate

1) _____ 3) _____

2) _____ 4) _____

III. PAYMENT TERMS AND AUTHORIZATION: I request to pay:

___ In full upon completion of the registration process.

___ Before the end of the session.

X _____

Student's Signature

Date