VINCENNES UNIVERSITY JASPER CAMPUS

***REQUIRED INFORMATION MUST BE PROVIDED**

850 College Avenue, Jasper, IN 47546
812-482-3030 or 800-809-8852 Fax 812-481-5960 vinu.edu/jasper

Please list year: (example Fall 2000)
Fall _____ Spring _____ Intersession _____ Summer _____

***Student's Name: _____**

[PLEASE PRINT CLEARLY]: (Last Name) (First Name) Middle Name or (MI)

Former or Maiden Name: _____

***Social Security Number or University ID: _____** *** DOB: _____/_____/_____**

(SS# is preferred, but not required)

***Address: _____**

(Street) (City) (State) (Zip)

***Telephone Numbers: (Home/Cell/Work)_____**

Optional email address: _____

Marital Status: ___ Single / ____ Married Sex: ___ Male / ___Female

***Are you a U.S. Citizen? ____ Yes / ____ No** Ethnic Background: _____

***Have you attended VU or VUJasper before? ___ Yes / ___ No Date or semester last attended: _____**

***Check one: ____ High School Graduate & School Name _____**

Year of High School Graduation: _____

_____ GED Recipient & where obtained _____

_____ Neither (When will you be graduating from high school? List year_____)

***List other colleges attended: _____**

(Transfer students--all proof of pre-requisites for a course must be already at VU/ VU Jasper or submitted with enrollment)

***Check one: Earning degree from: VU/VUJC: _____ or Non-VU college or university (transient student): _____**

Financial Aid Expected (check all that apply): **[to qualify for financial aid students must apply for admissions, pay $20 application fee, submit final high school transcripts or GED scores and/or official college transcripts]**

_____ Remission of Fees (Child Disabled Veteran)
_____ Pell Grant
_____ Higher Education Grant (State Award)
_____ Student Loans
_____ 21st Century Scholars (State Award)
_____ Veterans Benefits
_____ Indiana Vocational Rehabilitation
_____ Academic Scholarships
_____ Other (List_____)

*Major at VU/VUJC_____

CRN	Course Id	Course #	Sec #	Course Title	Hrs	Day	Time	Instructor

revised 1/2010

***Signature: _____** Date: _____

***Academic Advisor Signature:_____ (required if enrolling full-time -- 12 or more hours)**