VINCENNES UNIVERSITY JASPER CAMPUS
850 College Avenue, Jasper, IN 47546
812-482-3030 or 800-809-8852
Fax No. 812.481.5960

***Required information must be provided**

Please check one: (example _x__ Fall 2000)

___ Fall _____ Spring _____ Intersession _____ Summer _____

***Student's Name:** _____
(Last Name) (First Name) Middle Name or (MI)

Former or Maiden Name: _____

***Student ID Number:** _____ ***DOB:** _____/_____/_____
(or Social Security Number)

***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:** _____

Financial Aid Expected (check all that apply):

_____ 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

***Signature:** _____ Date: _____

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

revised 5/31/07