

ENROLLMENT APPLICATION 2016 - 2017

Personal Information

Name:	Male	Female	Soc. Sec. #:		<u>-</u>
Address:					
		City		State	1
Home Phone #: ()			ne #: ()	· ·	
Cell Phone #: ()			lress:		
Driver's Lic. #:	_ State:	Date of Bi	rth:/	/	
Citizen Status: U.S Citizen Resident Alien Eligible Non-Citizen Alien #					
Do you require an I-20 Visa? Yes No	Country of Ci	tizenship:			
Are you interested in applying for financial aid? Yes _	No				
Are you a U.S. Veteran? Yes No	VA Claim	ı No			
Please provide the following data. This information is requested on a voluntary basis by the U.S. Department of Education (this information will not affect your admission to the university)					
I do not wish to answer this question American Indian or Alaska Native Asian Black	H N W	ative Hawaiian	or Pacific Islander		
University Data					
When do you intend to begin your studies?					
Fall Semester 2016 A B Winter Semester 2017 AB Summer Semester 2017 A B					
Masters BS/BA A.A A.S Diploma Certificate C.E Credit Course Program:					
Location: Hialeah Campus (HC)South Campus (SC)Training Center Campus (TC)Online Education (HC)					
Educational Data					
I hereby certify that I have obtained a high school diplo	ma or G.E.D. fro	om:			
Name of the School:		Date of	graduation:	/	
Address:					
		City		State	Zip Code
Enrollment Acknowledgement					
I certify all statements given in this application are true and accurate to the best of my knowledge. I agree to abide by the rules and regulations of Florida National University as they are stated in the University Catalog published at http://www.fnu.edu/Publications/Cataloggeneral.pdf . I understand that the University is authorized to obtain school records and test scores if available. The enrollment fee is not refundable.					
Student's signature Date	(For un	Parent's signat married applicants u	ure inder the age of 18)	Date	