

# Summer Session 2009 Registration



PLEASE NOTE: An application is not necessary if you attended the 2009 Spring Semester or have been admitted for the 2009 Fall Semester.

- Check one:  New or Returning Nondegree (Undergraduate)\* — Summer only and not formally admitted.  
 Returning Undergraduate\* — Not enrolled in Spring 2009 but previously admitted and enrolled in a degree program.  
 New or Returning Graduate Special\*

\*A \$60 nonrefundable application fee payable to the Board of Regents must be included and is required for all who have not yet paid this fee, or who have paid but not attended, for enrollment in any undergraduate-level or graduate-level courses.

## I. Personal Information (Please print in ink or type. Give full legal name.)

1. Name \_\_\_\_\_ I.D. No. \_\_\_\_\_  
Last First Middle Former Name(s)
2. Mailing address \_\_\_\_\_  
Number and Street City State or Country Zip Code
3. Local address \_\_\_\_\_  
Number and Street City State or Country Zip Code
4. Sex:  Male  Female 5. Birthdate \_\_\_\_\_ 6. Email address \_\_\_\_\_ 7. Phone (\_\_\_\_) \_\_\_\_\_  
Month Day Year

## II. Demographic Information

8. Emergency Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Last First Middle
9. Address \_\_\_\_\_  
Number and Street City State or Country Zip Code
10. (\_\_\_\_) \_\_\_\_\_ 11. Applicant's place of birth \_\_\_\_\_  
Area Code Phone City County State or Country
12. Ethnic origin (optional):  American Indian/Alaskan Native  Asian/Pacific Islander  African American  Hispanic/Latino  White, non-Hispanic  Other \_\_\_\_\_
13. Attach verification of immunizations; list dates immunized: MMR \_\_\_\_\_ MMR \_\_\_\_\_ DPT \_\_\_\_\_

## III. Residency Information

14. Citizenship:  U.S.  Other, please specify: \_\_\_\_\_ If Foreign Visa, type: \_\_\_\_\_ Expires: \_\_\_\_\_
15. Permanent Resident:  Yes, Resident Alien # : \_\_\_\_\_ (Attach copy, front and back, of resident alien card.) Expires: \_\_\_\_\_

## IV. Previous Education

16. List below in chronological order, all colleges at which you have registered. If none attended, check here
- | Name of School and State | Dates Attended ~ From: Month/Year | To: Month/Year | Major | Degree | Grad. Date |
|--------------------------|-----------------------------------|----------------|-------|--------|------------|
| _____                    | ____/____ to ____/____            | ____/____      | _____ | _____  | _____      |
| _____                    | ____/____ to ____/____            | ____/____      | _____ | _____  | _____      |

17. Are you currently enrolled in an educational institution?  Yes  No If yes, give name and location: \_\_\_\_\_
18. High school of graduation (name and location) \_\_\_\_\_ Date of graduation \_\_\_\_\_

## V. Applicant's Certification

Student Signature X \_\_\_\_\_ Date \_\_\_\_\_

I certify the information provided on this application for registration is accurate and complete. I agree to abide by all rules and regulations of the University of Nevada, Reno.  
 Inquiries concerning the requirements for admission or Nevada residency status should be directed to the Office of Admissions and Records, 2nd Floor, Fitzgerald Student Services Building.  
 Nonresident tuition is not assessed during Summer Session, however residency status must be determined for all classifications of students for all instructional periods.  
 Office of Admissions and Records • University of Nevada, Reno/0120 Reno, Nevada 89557 • (775) 784-4700 • FAX: (775) 784-4283

**Please return at least 10 working days prior to the date on which you are eligible to register, to:**  
**Admissions and Records**  
**University of Nevada, Reno/0120**  
**Reno, Nevada 89557**