

CONTINUING EDUCATION OPERATIONS

Admission/Registration Form

Office of the University Registrar • 116 Alfred B. Rollins, Jr. Hall • Norfolk, VA 23529 (757) 683-4247 (office) (757) 683-5443 (fax)

				• • •		vithout the consent of the student. SN) is voluntary and not required for	r enrollment.
Full legal name		First Na	nme	M.I.	Jr./III/etc.	revious legal name (If you have ever	attended this university under a different name
Current Home Address: Street			P. O. Box	Apt#	Gender: ☐ Male ☐ Female	Ethnic Background (optional American Indian/Alaskan Nativ Asian/Pacific Islander	
City E-mail			State	Zip Date of E Month_		th: Day Year	Citizenship: ☐ U.S. Citizen ☐ Resident Alien Visa Type:
			Cell Phone Fax	Have you Are you c		u previously attended Old Dominion University? Yes No When? currently in an Old Dominion University degree program? Yes No have a degree? Yes No If so, Degree name(s) and date(s) awarded:	
Which term do yo	u plan to attend?	☐ Fall (July – S	Sep)	c) \square Spring (Jan – Mar)		nn) Year	ee name(s) and date(s) awarded:
CRN	Subject	Course Number	Title			I certify that the information provided is true and correct and that I agree abide by and support the rules, regulations and Honor Code of the University	
R S E S	XCMD	3000	Center Stage	with the VSO		This Continuing Education Honor Code, and as such	or catalog, while attending Old Dominion University of the University of the University of the State of the University of the State of the University of the State of the Stat
Signature					Date		