

_____ MO
 UCID (Returning students only)

_____ - _____
 Last name First Middle

_____ - _____
 Home phone number Home Address - Street County Birth date - mm/dd/yyyy

_____ - _____
 Work phone number City State Zip Code Social security # - Recommended

_____ Email address _____ Marital status Sex*

*If male and 18 years old or older, are you registered with Selective Service? No: Yes: # _____

Please indicate your ethnicity (optional): Select one or more of the following racial categories (optional):

Hispanic/Latino American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Not Hispanic/Latino Asian White

Black or African American

Registration for : _____ Semester, 20 _____

1. Course title: _____	Course #	Alpha area	Course #	Section #	Credit Hrs.
<input type="checkbox"/> Graduate credit <input type="checkbox"/> Undergraduate credit <input type="checkbox"/> Audit	_____	_____	_____	_____	_____
2. Course title: _____	Course #	Alpha area	Course #	Section #	Credit Hrs.
<input type="checkbox"/> Graduate credit <input type="checkbox"/> Undergraduate credit <input type="checkbox"/> Audit	_____	_____	_____	_____	_____

Supplementary Information: Failure to Complete this form fully may result in the assessment of non-resident tuition

Years of consecutive residence in the State of Ohio prior to this date: _____ Birthplace (City and State): _____

Country of Citizenship: _____ If not USA, indicate Visa Type: _____

Current Employer: _____ When employed: _____

Previous Employer: _____ When employed: _____

Spouse's Employer: _____ When employed: _____

Previous educational information: High School: _____ Graduation date: _____

City: _____ State: _____

CECH Contact: _____ College: _____ Graduation date: _____ Degree(s) received: _____

Have you applied to or attended UC previously?
 No: Yes: If yes, what was your name when enrolled? _____

For office use only:

Area Major	Res Code	CNTY
NMAT		

Signature: _____ Date: _____

By registering for courses at University of Cincinnati, I accept responsibility for payment by the due date of all university charges assessed to my student account, including tuition and fees and late payment fees. I fully accept this debt as my personal financial responsibility. I acknowledge that non-attendance does not relieve me of financial responsibility for the courses in which I am enrolled and, that I will access my bill online to remain abreast of any outstanding balances or other financial obligations.