

Name: \_\_\_\_\_ APU I.D.# \_\_\_\_\_  
 Last First M.I.

**APU SUPPLEMENTAL ENROLLMENT INFORMATION**

**Academic Information:** Current Education Objectives: (If more than one, number in order of anticipated completion)  
 Certificate: \_\_\_\_\_ Degrees: Associate \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Other (explain) \_\_\_\_\_  
 Undergraduates: Major \_\_\_\_\_ Minor \_\_\_\_\_ Focus \_\_\_\_\_  
 Masters Degrees: Program \_\_\_\_\_ Focus \_\_\_\_\_

Do you plan to complete your program at APU?  Yes  No  Undecided  
 If yes, provide your anticipated graduation date: \_\_\_\_\_  
 If no, where do you plan to transfer? \_\_\_\_\_  
 Why? \_\_\_\_\_

**Demographic Information:**

*The information below is needed so that the University can provide required statistical reports for Federal, State, and other agencies. The information may also be used for institutional research purposes, for verification of qualifications for certain types of financial aid, and to help insure accurate maintenance of your academic and student personnel records. Reports to agencies are in tabulated form only, and students are not identified in any way. APU is regulated by Title IV of the Civil Rights Act of 1964, Title IX of the 1972 Amendments to the Higher Education Act, Sections 799A and 845 of the Public Health Services Act, and other applicable Federal regulations.*

**Birthdate:** \_\_\_\_\_ **Gender:** Female  Male   
 (Month/Day/Year)

**Marital Status:** 1) Married  2) Single

**Employment:** Full time  Part time

**Military:** Active  Veteran

**Ethnic Origin:** (Check one)

AL <input type="checkbox"/> Aleut	NA <input type="checkbox"/> Native American
AN <input type="checkbox"/> Alaska Native	(Non-Alaska Native)
AS <input type="checkbox"/> Asian	O <input type="checkbox"/> Other
AT <input type="checkbox"/> Athabascan	PI <input type="checkbox"/> Pacific Islander
B <input type="checkbox"/> Black or African-American	T <input type="checkbox"/> Tlingit
HA <input type="checkbox"/> Haida	TS <input type="checkbox"/> Tsimshian
HI <input type="checkbox"/> Hispanic or Latino	W <input type="checkbox"/> White
I <input type="checkbox"/> Inupiat	Y <input type="checkbox"/> Yup'ik

**Education:** (Check highest completed prior to enrollment at APU)

Master's Degree or higher	<input type="checkbox"/>
BA/BS some graduate courses	<input type="checkbox"/>
BA/BS only	<input type="checkbox"/>
Attended a 4-year institution	<input type="checkbox"/>
Associate Degree or RN Diploma	<input type="checkbox"/>
Attended a 2-year college	<input type="checkbox"/>
GED/High School Diploma only	<input type="checkbox"/>
High School Diploma only	<input type="checkbox"/>
No High School Diploma	<input type="checkbox"/>
Still attending high school	<input type="checkbox"/>

**Branch:**

Army   
 Air Force   
 Coast Guard   
 Marines   
 Navy   
 Other

**VA Benefits:**  
 Chapter \_\_\_\_\_

**Active Duty Tuition Assistance:** \_\_\_\_\_

F-1 Visa  Home Country: \_\_\_\_\_  
 Other International  Home Country: \_\_\_\_\_ Visa Type: \_\_\_\_\_

**Religious Preference:** (Circle one)

<b>Residency</b>	AD Adventist	E Episcopal	NA Native American	RO Russian Orthodox
<input type="checkbox"/> On Campus	BH Bahai	HI Hindu	OT OTHER	SH Shinto
<input type="checkbox"/> Off Campus	BP Baptist	JU Judaism	P Pentecostal	U Unitarian
Resident City & State:	BU Buddhist	L Lutheran	PB Presbyterian	UC United Church of Christ
_____	C Congregational	LD Latter Day Saints	PR Protestant	UM United Methodist
_____	CG Church of God	M Moravian	Q Quaker	UN Unity
_____	CS Christian Science	MS Muslim	R Reorganized LDS	UR Unreported
_____	DC Disciples of Christ	N Nazarene	RC Roman Catholic	

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Information Release Verification**

I give permission for APU to use my name, address, and photographs of me in press releases and promotional material, including electronic media.

YES  NO Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_