

## **SPECIAL STUDENT ENROLLMENT FORM**

High School Student     Employee     Employee Child     Employee Spouse     Other

- Instructions:
- 1) Submit this completed form to the St. Lawrence University Registrar's Office.
  - 2) Obtain Add/Drop or Summer Registration form at Registrar's Office.
  - 3) Obtain instructor's signature on Add/Drop form.
  - 4) Those using employee benefit complete form in Human Resources Office.
  - 5) Take Add/Drop or Summer Registration form to Student Financial Services.
  - 6) Present Add/Drop or Summer Registration form, complete with Financial Clearance stamp, at Registrar's Office.

**PERSONAL DATA:**

Mr./Mrs./Miss \_\_\_\_\_  
 . (last name) (first) (middle)

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (city) (state) (zip code)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Parents Name(s): \_\_\_\_\_  
 SLU employee:  yes,  no

Ethnicity:  Non-Hispanic/Latino,  Hispanic/Latino      Race:  White,  Black or African American,  Asian,  
 American Indian or Alaska Native,  
 Native Hawaiian or Other Pacific Islander

Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

**EDUCATIONAL DATA:**

Secondary School: \_\_\_\_\_

Previous College/University: \_\_\_\_\_

This enrollment will be during the (Fall) / (Spring) / (Summer) of 20\_\_ only.

*Signing below acknowledges that the applicant has read and signed the St. Lawrence University academic honor code.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL GUARANTEE**

In consideration of the acceptance of the above student as a Special Student at St. Lawrence University, the undersigned, as parents or guardians, hereby guarantees payment of all fees for tuition, housing, and all other financial obligations incurred or hereafter incurred by the said student while in attendance at St. Lawrence University.

Parent signature(s) (for dependent students): \_\_\_\_\_ Date: \_\_\_\_\_

Student signature (if independent): \_\_\_\_\_ Date: \_\_\_\_\_

Parent's mailing address (if different than student's): \_\_\_\_\_  
 \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

**OFFICE USE ONLY:**

The student has been approved for enrollment as a Special Student when the Registrar signs this form.

\_\_\_\_\_  
 (Registrar)

\_\_\_\_\_  
 (Date)