



Semester to be enrolled: Spring \_\_\_ Summer \_\_\_ Fall \_\_\_ Year: 20\_\_\_\_\_

Is this your first William and Mary course? Yes \_\_\_ No \_\_\_ Date last enrolled: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle Name)

\*Application Email Address: \_\_\_\_\_ Work Email: \_\_\_\_\_  
\*Please provide the email where you would like your W&M login instructions sent.

Mailing Address: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Business phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Please indicate if the above is a change of address since you last registered: Yes  No

SS#\*: \_\_\_\_\_ Sex: Male  Female  Date of Birth: \_\_\_\_\_  
(MM-DD-YYYY)

Racial/Ethnic Category\*: Are you Hispanic or Latino (including Spain)? Yes  No

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

- Asian (including Indian subcontinent and Philippines)
- Black or African American (including Africa and Caribbean)
- American Indian or Alaska Native (including all Original Peoples of the Americas)
- White (including Middle Eastern)
- Native Hawaiian or Other Pacific Islander (Original Peoples)

Citizenship (requested by the Federal Government): U.S. Citizen  Non-U.S. Citizen  Country \_\_\_\_\_

Do you have a bachelor's degree: Yes  No  When did you graduate? \_\_\_\_\_

From which college/university? \_\_\_\_\_ What was your major? \_\_\_\_\_

*\*NOTE: Provision of this information is not required. You are assured by school policy and the Family Educational Rights and Privacy Act that the information will be confidential and accessible only to those with a legitimate educational interest in the information.*

List the courses you wish to take. In the right-hand column, obtain signatures of instructors for all courses requiring permission.

CRN	SUBJ (CRIN, EDUC or EPPL)	Course #	Section #	Audit (Y or N)	Cr. Hrs.	Instructor Signature

If you wish to apply for in-state tuition rates, you must fill out the [Application to Determine Physical Residency/ In-state Tuition Privileges](#) in addition to this form.

"Under § 23-2.2:1 of the Code of Virginia and the regulations thereunder, every institution of higher education located in Virginia is required to provide to the State Police the name, date of birth, and certain other directory information of each student who enrolls with the institution. The intent of this law is to ensure compliance with the requirement under Virginia law for sexual offenders to register with local law enforcement."

*If I enroll, I agree to abide by the rules and regulations and the Honor Code of The College of William and Mary.*

Signature \_\_\_\_\_ Date \_\_\_\_\_