



Trinity

NON-DEGREE APPLICATION & REGISTRATION FORM FOR SPECIAL COHORTS

NAME: _____

ADDRESS: _____

HOME PHONE: _____

ALT. PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

GRADE LEVEL: _____

YEAR: _____

TERM: _____

SESSION: _____

Courses to be Added

| DEPT | CRS NO | SECT | COURSE TITLE | INSTRUCTOR | CREDITS | AUDIT |
|------|--------|------|--------------|------------|---------|--------------------------|
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> |

CERTIFICATION

I am registering for a course at Trinity which will be part of my permanent academic record at Trinity. If I withdraw I must do so in accordance with the policies and procedures for the term in which I am enrolling. I agree to follow all of Trinity's academic and financial policies, available at www.trinitydc.edu.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

College: _____ Non-Degree POPULATION: _____ PC ID: _____

ENTERED BY: _____ DATE: _____