Continuing Education & Professional Studies Enrollment Form

FMU Students Only
Check this box ☐

Section A – Personal Data

Name: _____
(Last Name) **(First Name)** **(MI)**

Student ID Number(if FMU student) _____ **Gender** ☐ **Female** ☐ **Male**

Date of Birth / / **(mm/dd/yyyy)** **E-mail Address** _____

Contact Phone: ( ) - **Cell Phone:** ( ) -

Address _____
Street Address **City** **State** **ZIP Code**

Section B – Ethnicity

This data is required for state and federal statistical reporting purposes only. There are certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, students are invited to voluntarily self identify their race or ethnicity. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations. When reported, data will be aggregated and will not identify any specific individual. This information is required but in no way will be used to evaluate your application.

1. Are you Hispanic or Latino? ☐ **No, I am not Hispanic or Latino** ☐ **Yes, I am Hispanic or Latino, Explain:**
☐ **Central American** ☐ **Cuban** ☐ **Mexican American** ☐ **Mexican** ☐ **Chicano** ☐ **Puerto Rican** ☐ **South American** ☐ **Other - Hispanic**

2. What is your race? Select one or more:
☐ **American Indian/Alaskan Native** ☐ **Asian** ☐ **Black or African American** ☐ **Native Hawaiian or Other Pacific Islander** ☐ **White** ☐ **No Response**

3. Citizenship Status: Are you a US Citizen? ☐ **Yes** ☐ **No** **Country of Citizenship** _____

Section C – Military

Military Status: _____ **Are you a disabled veteran?** ☐ **Yes** ☐ **No** **Do you receive VA benefits?** ☐ **Yes** ☐ **No**

Military Affiliations (Select one or more)
☐ **Current/ former member of the U.S. Armed Forces** ☐ **Current/ former member of the National Guard** ☐ **Current/ former member of the Reserves**
☐ **Dependent of a veteran** ☐ **Dependent of a deceased veteran** ☐ **Dependent of a veteran with a combat- related injury**

Section D - Area of Interest(s)

1. Please select an area of interest below:

☐ **Experience Counts for Credit (EC4C)**
☐ **Leisure and Personal**
☐ **Masterclasses**
☐ **Workforce Certificates**
☐ **Continuing Education Courses**
☐ **Other** _____

Section E – Enrollment

Course Title	Class #	Days/Time	Start Date	Location	Amount
Ex. Masterclasses		M- 6:00pm-7:00pm	1/21/20 -1/21/20	Virtual	$0-20

Section F – Signature

The information I have provided is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules and regulations at any school to which I am admitted. I authorize the University to verify the information I have provided. I further understand that the information submitted herein will be relied upon by the officials of the University in determining my admission and residency status for tuition purposes and that the submission of false information is grounds for rejection of my application, withdrawal of acceptance, cancellation of enrollment, and/or disciplinary action.

Applicant Signature _____ **Date** _____

Florida Memorial University considers name, address, telephone, date of birth, degrees earned and dates, major field of study, dates of attendance, enrollment status, student classification and name of most recent previous institution attended, number of hours complete and in progress, directory information. This is done in compliance with the Texas Open Records Law.

If you do not want this information released, please check this box. ☐

With few exceptions, state law gives you the right to request, receive, review and correct information about yourself collected on this form.