

**KENTUCKY STATE UNIVERSITY**  
**OFFICE OF THE REGISTRAR**  
**PHONE: 502-597-6234 FAX 502- 597-6239**

**RE-ENROLLING STUDENT APPLICATION**

Social Security Number: \_\_\_\_\_ Last KSU Enrollment: \_\_\_\_\_  
Term Year

Re-enrolling Term:  Fall  Spring  Summer \_\_\_\_\_ Year \_\_\_\_\_ Major

Name: \_\_\_\_\_  
Last First MI Maiden/Previous

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_  
(If Different)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Marital Status:  Married  Single  Other Sex:  Male  Female

Ethnic Origin:  Black  White  Hispanic  Asian/Pacific Islander  American Indian  Other

U.S. Citizen:  Yes  No Veteran:  Yes  No

List all places of residence for the 18 month period prior to the date of this application. Give cities, states and dates.

City and State	Dates
_____	_____
_____	_____
_____	_____

List all high schools, colleges/universities you have attended since your last KSU enrollment.

Name of School	Address	Attendance Dates	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Prior to finalizing your enrollment, the Office of the Registrar must receive official transcripts from the above institutions.

**I affirm that all information supplied in this application is true and complete. I understand that withholding information and/or providing false information will make my enrollment subject to cancellation.**

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

<b>FOR OFFICE USE ONLY</b>		
Date Received: _____	By: _____	Residency: _____
Academic Major: _____	Level: _____	Degree: _____

*It is the policy of Kentucky State University not to discriminate against any individual in any of its educational programs, activities, or employment on the basis of race, color, national origin, sex, disability, veteran status, age, religion, or marital status.*