

OFFICE OF THE University Registrar

DUS Transient Application Faculty / Staff Dependent

Last Name	First Name		Middle Name		
Student's ID number	Date of Birth	Place of Birth		Email	
Permanent Address					Phone
Parent's Name	Parent's Empl	oyee ID #	VU Departr	ment	VU Work Phone
Citizenship If	not a U.S. citizen, list VISA	type	Sex (M or F)) Rac	e (optional)
List term for which yo	ou are applying:				
Fall	Spring			Maymester	
First Half	Second Half			Other:	
Anticipated Status: F	ull Time (12-18 semester ho	urs):	Part-time (less than 12 s	semester hours):
Have you ever applied	to Vanderbilt University bef	ore? No	Yes	If yes, w	hen?
Have you ever attende	ed Vanderbilt University befo	re? No	Yes	If yes, w	hen?
Ever been suspended	or expelled from a school?	No _	Yes	If yes, w	hen?
Please explain:					
Are you eligible to return	rn to the institution that you la	ast attended	? No	Ye	s
Do you plan on returnir	ng to the institution that you I	ast attended	l? No	Ye	s
Have you ever been en	mployed by Vanderbilt Unive	ersity? No	Yes	If yes, w	hen?
invalidate this applica	nd addresses of all college ation. Transcripts from all i	nstitutions	must be sub	omitted with	your application.
			Fı	rom	to
			Fı	rom	to
List degrees you have	earned and dates awarded:				

Please be specific.				
			_	
			_	
I hereby agree to be bound by University, both those present	all policies, proc	edures, and regu	lations of Vanderk	
adopted, including the Honor S		.eee oubooquom	., aondod of	

Please return the completed application, the \$50 nonrefundable application fee, statement of good standing and any college or university transcripts to:

Vanderbilt University
Office of the University Registrar
Division of Unclassified Studies
PMB 407701
110 21st Avenue South, Suite 110
Nashville TN 37240-7701

Or send by fax to: 615-343-7709. Questions, please call: 615-322-7714 or email <u>university.registrar@vanderbilt.edu</u>