

OFFICE OF THE University Registrar

DUS Transient Application Faculty / Staff Dependent

Last Name	First Name		Middle Nam	ne	
Student's ID number	Date of Birth	Place of E	Birth	Email	
Permanent Address				Phone	
Parent's Name	Parent's Em	ployee ID #	VU Departme	nt VU Work Phone	
Citizenship If not	a U.S. citizen, list VIS	A type	Sex (M or F)	Race (optional)	
List term for which you ar	re applying:				
Fall	Spring		Ma	Maymester	
First Half	Second Half Other:		her:		
Anticipated Status: Full Ti	ime (12-18 semester I	nours):	Part-time (les	ss than 12 semester hours):	
Have you ever applied to \	/anderbilt University b	efore? No _	Yes	If yes, when?	
Have you ever attended Va	anderbilt University be	efore? No _	Yes	If yes, when?	
Ever been suspended or e	expelled from a school	ol? No _	Yes	If yes, when?	
Please explain:					
Are you eligible to return to	the institution that yo	u last attende	d? No	Yes	
Do you plan on returning to	the institution that yo	u last attende	d? No	Yes	
Have you ever been emplo	yed by Vanderbilt Ur	iversity? No	Yes	If yes, when?	
• •	i. Transcripts from a	II institutions	s must be subm	close full information will itted with your application.	
				n to	
List degrees you have earn					

Please be specific.	
I hereby agree to be bound by all policies, University, both those presently existing a adopted, including the Honor System.	procedures, and regulations of Vanderb nd those subsequently amended or
Signature:	Date:

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: 615-322-7701 or email <u>university.registrar@vanderbilt.edu</u>