



VANDERBILT UNIVERSITY

DIVISION OF UNCLASSIFIED STUDIES Application for Admission /Adult Learner

Social Security Number _____

Full Legal Name _____
First Middle Last

Date of Birth _____ Place of Birth _____ Sex (optional) _____

Address _____
Number & Street City State & Zip

Telephone Number _____ E-mail Address _____

Occupation _____ Business Address _____

Business Telephone Number _____ Race (optional) _____

Citizenship _____ If not a U.S. Citizen, Indicate Type of Visa You Hold _____

Term for which you are applying: Fall Spring May Session 1st Summer 2nd Summer

Anticipated status: Full-time (12-18 semester hours) OR Part-time (less than 12 semester hours)

If a VU employee or family member, do you plan on using the VU Tuition Benefit? Yes No

Have you ever applied to Vanderbilt University before? Yes No If yes, when? _____

Have you ever attended Vanderbilt University before? Yes No If yes, when? _____

Please list the names and addresses of all colleges attended. (Failure to disclose full information will invalidate this application). Transcripts from all institutions that you attended are required as part of this application.

_____ from _____ to _____
_____ from _____ to _____
_____ from _____ to _____
_____ from _____ to _____

List degrees you have earned and dates awarded _____

Are you eligible to return to the institution you last attended? Yes No

