



VANDERBILT UNIVERSITY

DIVISION OF UNCLASSIFIED STUDIES Application for Admission /Pre-Freshman

Social Security Number _____

Full Legal Name _____
First Middle Last

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

Local Address _____
Number & Street City State & Zip

Local Telephone _____ E-mail Address _____

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

Name and Address of Secondary School from Which You Will Graduate

Name of School City & State

Anticipated Date of Graduation _____

Name of Parents _____

Address and Telephone Number of Parents:

Names Area Code and Telephone Number

Number & Street City State Zip

