



VANDERBILT UNIVERSITY
Office of the University Registrar

Consortium Application for:

Meharry: _____ **Fisk:** _____ **Fisk-Bridge: Fisk master's to VU PhD** _____
EMIT Certificate _____

To be completed by the student:

Last Name		First Name		Middle Name	
Vanderbilt ID number (if any/known)		SSN (not required)		Home University	
Street Address, City, State, Zip, Country					
Email		Phone		Birth Date	
Birthplace		Citizenship		If not a U.S.citizen, list VISA type	
Sex (M or F)					

Check term for which you are applying (Year 20 _____):

- Fall
 Spring
 Maymester
 First Summer
 Second Summer
 Other

Have you ever applied to Vanderbilt University before? (check one) YES NO If yes, when? _____

Have you ever attended to Vanderbilt University before? (check one) YES NO If yes, when? _____

** Have you ever been suspended or expelled from a school? (check one) YES NO

** Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime?(check one) YES NO

[Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

** If you answered "yes" to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

Are you Hispanic/ Latino? No Yes

What is your race?

American Indian / Alaska Native	<input type="checkbox"/>	Native Hawaiian / Oth Pacific Island	<input type="checkbox"/>
Asian	<input type="checkbox"/>	White	<input type="checkbox"/>
Black / African American	<input type="checkbox"/>	Two or more races	<input type="checkbox"/>

VU Subject, Catalog, Section Requested

VU Course Title

Home School Course ID

I hereby agree to be bound by all policies, procedures, and regulations of Vanderbilt University, both those presently existing and those subsequently amended or adopted, including the Honor System.

I certify that all information submitted in the admission process is my own work, factually true, and honestly presented. If I provide false information, I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree.



Signature: _____ Date: _____

Student: Please return completed application to the registrar of your home institution.

To be completed by the Registrar's office of the student's home institution:

Printed Name and Signature of Home Institution Registrar Date

Please return approved application using established contact method at Vanderbilt Office of the University Registrar, or to:

Vanderbilt University
Office of the University Registrar PMB 407701
2305 West End Avenue, PMB 407701
Nashville TN 37240-7701
FAX 615-343-7709
Do not **email** this document if FERPA protected information (SSN for example) is included

URO USE ONLY:

Vanderbilt Department Approval/Date (if required) _____

Processed by: _____ *Date:* _____

PS Student ID: _____

Acad Prog: _____ *Plan* _____