

Non-Traditional Student Admission Application



Personal Informat	ion (Please fully complete this form)					
JS Social Security Number	- –					
AST NAME	FIRST NAME MIDD	LE NAME		SUFFIX (JR., I	III)	
REVIOUSLY USED LAST NAMES	(within the last seven years)					
OME STREET ADDRESS				CELL PHONE	(REQUIRED)	
ЭТТ	STATE/PROVINCE ZIP/PC	OSTAL CODE		COUNTRY		
EMAIL ADDRESS	DUAL CREDIT HIGH SCH	00L			Year:	□ Jr. □ Si
DATE OF BIRTH (MM/DD/YYYY)	GENDER (M/F) RELIGIOUS AFFILI	ATION				
Have you attended Southw	estern before: ☐ Yes ☐ No Your name on Southwes	tern record	s:			
•	and will be used in a nondiscriminatory manner, consist ☐ Non-Hispanic Race: ☐ White ☐ Black ☐ Americ	-	-	•		,
Check all that are applicab	e for the above courses:					
				Program		
Student Type: □ Dual Cre	dit □ Transient □ SWORD □ SWUC Teacher □ Ser	nior Citizen	□ CNA F	C		
	dit	nior Citizen	⊔ CNA F	C		
		nior Citizen	Semeste		Course I	Delivery
wish to take the following	course(s): (Must Complete all sections)	rall			Course I	Delivery Online
wish to take the following	course(s): (Must Complete all sections)		Semeste	r		•
wish to take the following	course(s): (Must Complete all sections)	Fall	Semeste Spring	r Summer	Campus	Online

Tuition and fees for special courses and seminars are listed in the bulletin (finances section).

I hereby certify that the information I have given in this application is true and correct to the best of my knowledge, knowing that withholding or misrepresenting information may result in cancellation of my registration. By my signature, I pledge to uphold the ideals and standards as stated in the student handbook.