



Special Student Application

Name _____
LAST FIRST MIDDLE

Social Security _____ Email _____

Permanent address: _____ Present or university address: _____

Phone No. _____

Date of birth _____ Church preference _____

Citizenship: U.S. Other _____ If you have an F-1 Student Visa, which institution is
(PERMANENT RESIDENT/STUDENT VISA) maintaining your SEVIS record? _____

Ethnic Origin: White African-American Hispanic Native American Asian or Pacific Islander
 Other _____

Have you ever applied or enrolled at ACU in the past? If so, when? _____

ENROLLMENT INFORMATION:

Year _____ Term: Fall Spring Summer

A. Graduate Student

Most recent school attended _____

B. Undergraduate Student

College from which you are seeking a degree: _____

C. Intercollege (check as appropriate): HSU McMurry

Courses in which you wish to enroll:

SUBJ.	NUM.	SECT.	HRS.	SUBJ.	NUM.	SECT.	HRS.	SUBJ.	NUM.	SECT.	HRS.

I affirm that this information is correct to the best of my knowledge. I also understand that my enrollment as a special student does not imply matriculation in a degree program at ACU. If I have an F-1 Student Visa, I understand that I am responsible to maintain my status through the institution noted above (and not ACU).

Signature _____ Date _____

You may email this form to registrar@acu.edu, fax it to (325) 674-2238, or mail it to: Registrar's Office; ACU Box 29141; Abilene, TX 79699.