## **Consortium of Five Universities NIFA Capacity Building Grant**



## Tracking Course Enrollment Form

Student's signature:

Students from the other participating institutions must complete this enrollment form to allow Truman State University to create a current and active enrollment record which will allow students access to University resources and services. Such students will be admitted as non-degree seeking and enrolled in a 0 credit hour tracking class with no fees assessed.

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Full Name:	Last	First		Middle Initial	
	Last	11150		Pilidale Tilidal	
Street Address: _					
City/State/Zip: _					
Phone:		Email Address:			
Date of Birth:	MM/DD/YY	Gender:	MaleFem	nale SSN (last four digits):	
			•	YesNo	
Are you a U.S. cit	izen?Yes	_No If no, a	are you a perma	nanent resident?YesNo	
	Missouri for the past 1 which state are you a re			an being a student?YesNo	
pending against y		lismissed/suspen	ided from anotl	an a traffic offense or are any criminal cha ther college or university for disciplinary reas arate sheet.	
Ethnicity (Choos	re one):	☐ Hispanic or L☐ American Inc	atino 🔲 dian or Alaska r	o comply with federal guidelines. I Non-Hispanic or Latino native	
Enrollment Red	quested			Semester and Year:	
Truman Course ID (Subject & Number)	Truman Course Title			dit CRN/Truman Equivalent/Tracking Course known)	
I certify that the inf	Formation I have provided	is accurate I unde	erstand that I am	a subject to the University's policies rules and	
requirements applic University website.	cable to students including	ng, but not limited to lot limited to	to, those stated i	n subject to the University's policies, rules and in the University catalogs, class schedules and onformation technology policies, Student Code of Rig	