

Name     
First Middle or Initial Last

Birth date     
MM DD YYYY

Have you ever been affiliated with any IU Campus?  No or Yes: as  Student and/or  Employee

ETHNICITY (See reverse for Explanation and Definitions. Please respond to both questions.)

Former Name (if applicable):

1. Are you Hispanic or Latino?

U.S. SOCIAL SECURITY NUMBER or Last Four Digits of SSN:    
(Full Social Security Number is necessary for awarding of U.S. Federal Student Assistance; Last Four Digits required).

Yes  No

Signature is required to update academic record to new name:

2. What is your race? (Select one or more.)

MARITAL STATUS:  Married or  Single GENDER:  Female  Male

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

COUNTRY OF CITIZENSHIP:  USA VISA TYPE:   
(If Country of Citizenship Not USA)

For Office of the Registrar use:  
 IPEDS

USA CITIZENSHIP STATUS: **US Native** **US Naturalized** **Alien-Permanent Resident** **Alien-Temporary Resident**  
(All students: circle one of the four categories above to indicate your US Status)

LOCAL ADDRESS        
(while classes are in session): Effective Date Address Country Address Line 1: Number and Street Apt. No. Address Line 2  
       
City State Zip Code County (if in Indiana) CURRENT EMAIL:

LOCAL HOUSING TYPE (Circle one of the following): **Residence Hall** **Fraternity** **Sorority** **Univ Apt.** **Other Apt.** **Rent-Own Home** **Live with Parent(s)**

STUDENT HOME ADDRESS:        
Effective Date (if future) Address Country Address Line 1: Number and Street Apt. No. Address Line 2  
       
City State / Province Postal Code County (if in Indiana)

PHONE (LOCAL):        
Area Code- Number Ext PHONE (HOME):      
Area Code- Number Ext Country Code

To be completed by the authorizing school or program: Program/Plan (IUBLA)  UNIV ID (if assigned)   
Ten-digit University ID Number

IUBLA Campus Primary Program Academic Plan 1 Admit Term Signature of Dean Date: MM DD YYYY

To be completed by the Office of the Registrar:  Search/Match UNIV ID   Full Load:  Record updated:

RESIDENCY: Effective Term  Residency  Residency Date    
 Bio Demo  Address LCL:  STHM:

Term Activated Career Number:  Term Code:   Residency  Program/Plan Program Action:  Career #

**QUICK ADMIT - SPECIAL REGISTRATION**

R753/0410 Office of the Registrar, Indiana University - Bloomington

- Term Activation
- Residency Classification Form Collected

Processed by:  Date: