

Application for Enrollment

Fort Wayne Higher Educational Consortium

Student ID # (If not SSN): _____ **SSN:** _ _ - _ - _ _ _

Name : _____
Last First Middle (Maiden or other former name)

Street Address: _____

City: _____ **State:** _____

ZIP Code: _____ **Country:** _____

eMail Address: _____ **Local phone** _____

Local Address _____

Date of Birth: __/__/____ **Ethnicity:** _____

High School: _____ **Graduation Year:** _____

Student's home institution	Host Institution (where course will be taken)
<input type="checkbox"/> Huntington University	<input type="checkbox"/> Huntington University
<input type="checkbox"/> Indiana Tech	<input type="checkbox"/> Indiana Tech
<input type="checkbox"/> IPFW	<input type="checkbox"/> IPFW
<input type="checkbox"/> Ivy Tech State College	<input type="checkbox"/> Ivy Tech State College
<input type="checkbox"/> Manchester College	<input type="checkbox"/> Manchester College
<input type="checkbox"/> Taylor University	<input type="checkbox"/> Taylor University
<input checked="" type="checkbox"/> University of Saint Francis	<input checked="" type="checkbox"/> University of Saint Francis

Session/ Year	Dept	Course #	Secion #	Hrs	Course Title	Equivalent to:
__ Fall						
__ Spring						
____ Year						At home institution

Have you ever attended this host institution? __ Yes __ No If yes, when? _____
Term and year

Certification Statement:

I affirm that I am the above named student. In compliance with Public Law 93-380, Family Education Rights and Privacy Act of 1974 (as amended), I hereby give my written consent and authorize the Host and Home Institutions to exchange my student information and academic record as needed by either partner in connection with this request.

Student Signature: _____ **Date:** __/__/____

Advisor's or Registrar's

Signature: _____ **Date:** __/__/____

After completing this form, return it to the Registrar's Office of your home institution for processing