



COLLEGE OF PHARMACY + PHARMACEUTICAL SCIENCES

FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

NON-DEGREE SEEKING STUDENT APPLICATION FORM – GLOBAL HEALTH INEQUITIES

(Please attach to this application the following: Copy of Driver’s License and Vehicle or Voters Registration for proof of FL Residency. *Official transcripts of last obtained degree/diploma and *Immunization Records)

NOTE: ALL information requested on this form and the documents above must be provided in order for your Non-Degree admission application to be processed. Incomplete application packets will be returned without processing

1. Name: Print Last Name, Print First Name, Print Middle Name

2. Soc. Sec. #, NATION OF BIRTH

3. Of what country are you a citizen?, 4. E-MAIL Address:

5. Permanent Mailing Address: Name & Street, City or Country, State, Zip Code
6. Local Mailing Address: Name & Street, State or Country, State, Zip Code

Payment Information
1.) The Application Fee is \$5.00 each.
2.) Payment method:
[] Money Order
[] Cashier’s Check

7. Ethnic Origin (Required by U.S. Dept. of Education under Title VI of the Civil Rights Act)

Check One: [] Black (not Hispanic origin) [] White (not Hispanic origin) [] Hispanic [] Asian or Pacific Islanders [] American Indian or Alaskan [] Other (Specify)

8. Sex [] Male [] Female
9. Date of Birth: Mo. Day Year
10. Marital Status [] Single [] Married [] Other
11. Telephone Number Home: () - Business: () - Cell: () -

11. Term (Check One): Fall [] Spring [] Summer [] A [] B [] C Year 20

12. Fee Payment Validation – All Students regardless of the means by which their fees are paid MUST complete registration by reporting to Students Accounts for fee payment validation. Failure to do so will result into either the assessment of a PAYMENT fee of \$100.00 or cancellation of the student’s registration.

13. What is your expected major?

14. Date of first courses at FAMU (On-Campus or Off-Campus)

15. DESIRED USE OF CREDIT: [] Certification [] Graduate Degree*

* If you expect to earn a degree, you must submit an Application to FAMU Admissions Office.

Table with 4 columns: Name of last colleges and/or universities that you’ve attended, Location, Degrees Earned (Mo., Yr.), Degrees Expected (Mo., Yr.). Includes Yes/No checkboxes for each degree.

Withdrawal – To withdraw from one or more courses, a Non-Degree (Special) Student must submit a written request to the University Registrar, Registration Section, Room 111 Foote-Hilyer Administration Center, Florida A&M University, 1700 Lee Hall Drive, Tallahassee, FL. 32307-3200. Refer to the University Calendar for withdrawal deadline date.

TYPE OF REGISTRATION
[] Global Health Inequities

[] STATE EMPLOYEE

Use numbers e.g. January, 2000 (0 1 0 0)

I hereby certify that the above information is complete and accurate and affirm that I am () or am not () a bona fide resident of the State of Florida for tuition purposes.

Signature of Student:

Date:

Department Signature:

Date:

DEPARTMENT USE ONLY: DO NOT WRITE BELOW:

Table with 6 columns: CLASSIFICATION CIRCLE ONE: Freshman, Sophomore, Junior, Senior or Graduate Student; HOLDS; DEGREE CURRENTLY; RESIDENCY CODE; FAMU ID#; STAFF INITIAL:; DATE PROCESSED