

STUDENT FULL NAME

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MAJOR

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MINOR (if applicable)

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CONCENTRATION (if applicable)

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CURRENT STANDING/LEVEL OF EDUCATION (select one)

 [ ]  FRESHMAN (1st year)

 [ ]  SOPHOMORE (2nd year)

 [ ]  JUNIOR (3rd year)

 [ ]  SENIOR (4th or 5th year)

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CURRENT ENROLLMENT IN FALL 2025 SEMETER

 [ ]  YES

 [ ]  NO

 [ ]  OTHER (explain)

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As an authorized representative of the college/university, I certify that the information above is correct.

Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title

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Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

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