

**Last Name:** **First Name:** **Middle Name:**

**Home Address:**

**SIS Student ID:**  **Social Security Number**: **Gender**:  Female  Male

**Date of Birth**: **Place of Birth:**

**Country of Citizenship** (if other than U.S.): **Visa Type** (if applicable):

**If you do not have an SIS ID #, complete the fields below:**

**Please indicate your race and ethnicity using the following categories. You may check one or more items.**

**Hispanic or Latino:**  A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**American Indian:**  A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.

**Asian:**  A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**Black or African American:**  A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander:**  A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**White:**  A person having origins in any of the original peoples of Europe, the Middle East, or North Africa

**Not Reported:**  I choose not to disclose my race or ethnicity

**Please indicate your reason(s) for taking AHBR coursework as an open enrollment student:**

Take an initial course; may apply to a program later

Pursue coursework for personal and/or career enrichment

Enroll in a course not available at my home institution

Pursue coursework as part of another graduate program or professional degree

Other, please explain:

I am currently a  full time  part time Washington University employee (Fellows and Postdoctoral Research Scholars are not employees)

I  have/  have not been an employee for at least ONE year

I am NOT currently a full time Washington University Employee

**In which semester do you plan to enroll?:**  Fall  Spring Summer **Year?:**

**I would like to register for the following course(s):**

**I will be paying for this course (Check all that apply)**

Myself (100% or 50%)  Washington University’s Employee Tuition Assistance (50%)\*

From a Washington University Grant or department funds   
Provide funding administrator name, e-mail, and phone #

Other

\*Additional paperwork required

**The information I have supplied on this application is true, complete and correct.**

**Signature:** **Date:**