

Applied Health Behavior Research

Open Enrollment Registration Form

**Applied Health
Behavior Research**

Section 1 Student Information	Student Name	Student ID (if applicable)	Student Email
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other sex/gender identity	
	Current WashU Student? <small>If not, the project manager will be in contact to record your Social Security Number in a secure format.</small>		Sex
	Date of Birth (xx/xx/xxxx)		Place of Birth (City, Country)
	Country of Citizenship if other than US	Visa Type, if applicable	
If you do not have a Washington University SIS ID #, complete the fields below:			
<p>Please indicate your race and ethnicity using the following categories. You may check one or more items.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> Black or African American: A person having origins in any of the black racial groups of Africa. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. <input type="checkbox"/> White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <input type="checkbox"/> Not Reported: I choose not to disclose my race or ethnicity. 			
Section 2 Course Information	Course 1. Semester <input type="checkbox"/> FL <input type="checkbox"/> SP <input type="checkbox"/> SU		Year
	Course number M88-		Course Title
	Course 2. Semester <input type="checkbox"/> FL <input type="checkbox"/> SP <input type="checkbox"/> SU		Year
	Course number M88-		Course Title

Section 3 Reason(s) for Taking AHBR Coursework	<p>Select all that apply:</p> <p><input type="checkbox"/> Take an initial course; may apply to a program later</p> <p><input type="checkbox"/> Pursue coursework for personal and/or career enrichment</p> <p><input type="checkbox"/> Enroll in a course not available at my home institution</p> <p><input type="checkbox"/> Pursue coursework as part of another graduate program or professional degree</p> <p><input type="checkbox"/> Other, please explain: _____</p> <p>I am currently a <input type="checkbox"/> full time <input type="checkbox"/> part time Washington University employee (Fellows and Postdoctoral Research Scholars are employees)</p> <p>I <input type="checkbox"/> have/ <input type="checkbox"/> have not been an employee for at least ONE year</p> <p><input type="checkbox"/> I am NOT currently a full time Washington University Employee</p>		
Section 4 Payment Information	<p>I will be paying for this course (Check all that apply)</p> <p><input type="checkbox"/> Myself (100% or 50%) <input type="checkbox"/> With Washington University's Employee Tuition Assistance (50%)*</p> <p><input type="checkbox"/> From a Washington University Grant or department funds Provide funding administrator name, e-mail, and phone # _____</p> <p>_____</p> <p><input type="checkbox"/> Other _____</p> <p>*Additional paperwork required</p>		
Section 5 Student Signature	<p>The information I have supplied on this application is true, complete and correct.</p> <p>_____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Student Signature</td> <td style="width: 30%; padding: 5px;">Date</td> </tr> </table>	Student Signature	Date
Student Signature	Date		