

SENIOR CITIZEN AUDIT APPLICATION AND REGISTRATION

INSTRUCTIONS: Please type or print in ink *all* of the information requested and return to: Office of the Registrar, 1 University Heights, CPO #1570, Asheville, NC 28804-8509. Proof of age must be presented with a photo ID, in-person to the OneStop office.



A \$35 non-refundable application fee is required to be paid by personal check, cash, or money order. Registration is based on seat availability only. A break in enrollment will require a new application. Incomplete applications will not be processed.

Questions? Contact us at 828.251.6439 or myeager@unca.edu, or visit our website: unca.edu/registrar

ENTRANCE DATE (Check one term ONLY)

Year 20____ Term: Fall (August) Spring (January) Summer

Have you ever attended UNC Asheville previously? Yes, Dates of Attendance: _____ ; No

Have you ever been denied admission to or dismissed from UNC Asheville? Yes No

Are you currently enrolled at another college? Yes No Institution Name: _____

Are you eligible for readmission at the last institution you attended? Yes No

FULL LEGAL NAME (NO INITIALS OR ABBREVIATIONS)

_____ *Last first middle Jr./III/etc. preferred name/nickname*

All legal names you have used previously _____

Social Security number _____ - _____ - _____ (Voluntary, used for university record keeping and federal/state tax reporting)

CURRENT MAILING ADDRESS:

_____ *street / P.O. box county*

_____ *city state ZIP code*

Home phone _____ / _____ Other phone _____ / _____ E-mail _____

PERMANENT MAILING ADDRESS:

(if different from above) _____ *street / P.O. box county*

_____ *city state ZIP code*

Home phone _____ / _____ Other phone _____ / _____ E-mail _____

RESIDENCY STATUS

North Carolina residency is governed by North Carolina state law. Information about North Carolina residency can be found at www.ncresidency.org.

Do you claim to be a North Carolina Resident?

Yes I claim to be a North Carolina resident.*

No I do not claim North Carolina residency.

*If you claim to be a resident, you must complete the residency process with the Residency Determination Service (RDS) at www.ncresidency.org. You will receive a Residency Certification Number (RCN) which should be entered onto your application or provided directly to the Registrar's office.

Residency Certification Number (RCN): _____

PERSONAL DATA

Citizenship: United States Other, country of citizenship: _____

Resident alien: Green Card number _____ Issue date _____ Expiration date _____

Non-resident alien: Type of visa _____

Date of birth _____ City and state of birth _____

Sex: Male Female

RACIAL/ETHNIC IDENTIFICATION (used for federal reporting purposes only)

- 1) Are you Hispanic or Latino No Yes
- 2) Please select one or more of the following as applicable: African American/Black American Indian/Alaskan Native Asian/Pacific Islander
 Hispanic Caucasian/White Other (specify) _____

REQUIRED INFORMATION

Your "yes" answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

For the purpose of the following five questions, "crime" or "criminal charges" refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.

1. Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution? No Yes
2. Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? No Yes
3. Do you have any criminal charges pending against you? No Yes
4. Have you entered a plea of no contest or nolo contendere, or an Alford plea, to a misdemeanor, felony, or other criminal charge; or received a deferred prosecution or prayer for judgment continued for such a charge; or otherwise accepted responsibility for such a crime? No Yes
5. Have you received any type of discharge from military service "other than an honorable discharge"? No Yes Not Applicable

If you answered yes to any of the above questions, please provide a detailed and thorough explanation for each item, including dates, specific circumstances and outcome.

You must promptly notify the Office of the Registrar in writing of any criminal charge, any disposition of a criminal charge, or any school, college or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

SENIOR CITIZEN AUDIT REGISTRATION (list courses below)

Dept	Course Number	Course Title	Credit Hrs	M	T	W	Th	F	Time
Courses are subject to availability at time of registration.			Total credit hours:						

IMMUNIZATIONS REQUIRED FOR ADMISSION TO UNC ASHEVILLE

If you register for more than four (4) credit hours, you will need to comply with the immunization requirements under North Carolina state law. Please contact the Health and Counseling Center at (828) 251-6520, visit <https://healthandcounseling.unca.edu/immunizations> for more information.

APPLICANT'S AFFIRMATION I agree to conform to the rules and regulations of the university and certify that all statements in this application are true. I understand that any misrepresentation of information will make me ineligible for admission to the University of North Carolina at Asheville or subject to dismissal from the university. Any additions or changes to the information provided on this application must be submitted in writing to the Office of the Registrar prior to enrollment. I understand that admission as a non-degree student does not guarantee regular admission to the university and that I may take no more than nine hours each semester. **IMPORTANT:** Please note that your application must be completed before we can render an admissions decision. **I understand I will not receive academic credit for the course(s) taken as an audit. I cannot retro-actively request credit.**

APPLICANT'S SIGNATURE _____ **DATE** _____

Application must be signed and dated. An incomplete application will be returned to you for completion, thereby delaying action on your application.

<p>For office use only:</p> <p>Date Received _____ Application fee paid _____</p> <p>Processed by: _____ Date processed: _____</p> <p>Notes: _____</p> <p>The University of North Carolina at Asheville is committed to equality of educational experiences for students and is an Equal Opportunity Institution. Revised August 2017</p>
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