

Special Student Registration Data Form

Student Name: _____

Year: _____

Semester: _____

School: NUR

Student ID (SSN#) No: _____

Please complete each item below, (please write legibly):

Return completed form to the Nursing School Registrar's Office, Room 106 Godchaux Hall, Nashville, TN 37240.

Mailing address:

Street Address

Phone: _____

City ST ZIP

Current residence (to be provided by student):

Street Address

Phone: _____

City ST ZIP

Name and address to which bills will be mailed:

Street Address

Phone: _____

City ST ZIP

Name and address to which grade reports will be mailed:

Street Address

Phone: _____

City ST ZIP

Work address and phone (to be provided by student):

Street Address

Phone: _____

City ST ZIP

In case of emergency contact (to be provided by student):

Name: _____

Address: _____

Phone: _____

Relationship: _____

ACADEMIC INFORMATION

Degree: n/a special student

Adviser: Peerman

Major: nursing

Signature

Date

Note: It is the student's responsibility to notify the University of address changes in writing as soon as possible. Mail sent to the address on file will be considered to have been delivered.