

Indiana College Network (ICN) Pre-Registration Form

First Name: _____ **Last Name:** _____ **MI:** _____

Gender: _____ **Date of Birth:** _____ **Year of high school graduation** _____

Citizenship (check one): U.S. citizen _____ International student _____ Permanent resident visa status _____

Ethnic Origin (check one): Caucasian ___ African American ___ Asian/Pacific Islander ___ Hispanic ___ Native American/Alaskan Native ___ Other ___

Are you an Indiana resident? Yes ___ No ___ **Years resident in Indiana** _____

Purdue E-mail Address (required): _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Mailing Address (where you will receive mail during the session for which you are registering)

Street: _____

City: _____ State: _____ County: _____ Zip Code: _____

Financial Aid: Have you applied or do you expect to apply for financial aid at your home institution? Yes ___ No ___

I require a reasonable accommodation because of a disability. ___ Yes ___ No

If yes, please describe the accommodation needed:

Requested Courses
(to be filled out by Learning Center)

Purdue Course	Originating Institution	Course Prefix/Number	Credit Hours	Delivery method

PURDUE ID: _____

Home Institution: Purdue University—Statewide Technology **Check** if you are graduating at the end of this semester _____

SSA: _____ **SSA E-mail:** _____

Semester for course(s) listed above: _____ **Year for course(s) listed above:** _____

Statewide Location: _____

I certify the above information is true, accurate, and complete. I understand that falsified information may result in termination of my course registration if I withdraw from that course(s). I agree that the withdrawal will not be approved until all my financial obligations are cleared. This form requires a student services coordinator to be contacted prior to registration.

Signature: _____ **Date:** _____

Authorization to Share Information with the ICN Originating Institution

I authorize Purdue Statewide Technology to provide the information on this form to the institution offering the course or courses in which I wish to enroll through the Indiana College Network.

Signature: _____ **Date:** _____