



REGISTRATION FORM

Student ID Number # _____ Fall Spring Summer 20 _____

Campus: STT STX Level: Undergraduate Graduate

Name: _____ Former _____

[Redacted]

Local Mailing Address: LSJ

USWF Zip 00802

Phone: Home _____ Work _____ Ext. _____

Sex: Male Female U.S. Citizen Yes No

Date of Birth: _____ Permanent Resident _____ Alien Registration # _____

Non Resident Alien: Type of Visa F J H

In compliance with federal reporting requirements, UVI must seek to identify the ethnic background of students enrolled. You are encouraged to supply this information.

- Black/Non-Hispanic Asian/Pacific Islander White/Non-Hispanic
- American Indian/Alaskan Hispanic Other

In what state/country is your permanent residence? _____

Have you lived in the Virgin Islands for the past twelve (12) months? Yes No

Last attended UVI _____

I certify that the information given on this form is complete and correct. I acknowledge that deliberate omissions or falsifications may subject me to immediate dismissal from the University.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of any directory information. If you would like that your name not be listed in a directory please indicate. Yes No

Student's Signature

Date

