



**William & Mary  
School of Education**

**Graduate Student Registration Form**  
*(for Unclassified and Re-Admitted Students)*

Semester to be enrolled: Spring  Summer  Fall  Year: 20\_\_\_\_\_

Is this your first William and Mary course? Yes  No  Date last enrolled: \_\_\_\_\_

Name: \_\_\_\_\_  
*(Last) (First) (Middle Name)*

\*Application Email Address: \_\_\_\_\_ Work Email: \_\_\_\_\_  
*\*Please provide the email where you would like your W&M login instructions sent.*

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone: (\_\_\_\_\_)\_\_\_\_\_ Business phone: (\_\_\_\_\_)\_\_\_\_\_ Cell phone: (\_\_\_\_\_)\_\_\_\_\_

Please indicate if the above is a change of address since you last registered: Yes  No

SS#\*: \_\_\_\_\_ Sex: Male  Female  Date of Birth: \_\_\_\_\_  
*(MM-DD-YYYY)*

Racial/Ethnic Category\*: Are you Hispanic or Latino (including Spain)? Yes  No

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member:

- Asian *(including Indian subcontinent and Philippines)*
- Black or African American *(including Africa and Caribbean)*
- American Indian or Alaska Native *(including all Original Peoples of the Americas)*
- White *(including Middle Eastern)*
- Native Hawaiian or Other Pacific Islander *(Original Peoples)*

Citizenship:  U.S. Citizen  Non-U.S. Citizen  Permanent Resident - *Resident Alien Reg #* \_\_\_\_\_

*If not a US Citizen, indicate your country of citizenship* \_\_\_\_\_

Do you have a bachelor's degree: Yes  No  When did you graduate? \_\_\_\_\_

From which college/university? \_\_\_\_\_ What was your major? \_\_\_\_\_

*\*NOTE: Provision of this information is not required. You are assured by school policy and the Family Educational Rights and Privacy Act that the information will be confidential and accessible only to those with a legitimate educational interest in the information.*

List the courses you wish to take. In the right-hand column, obtain signatures of instructors for all courses requiring permission.

CRN	SUBJ (GRIN, EDUC or EPPL)	Course #	Section #	Audit (Y or N)	Cr. Hrs.	Instructor Signature

If you wish to apply for in-state tuition rates, you must fill out the [Application to Determine Physical Residency/ In-state Tuition Privileges](#) in addition to this form.

"The Code of Virginia and the regulations thereunder, require that every institution of higher education located in Virginia provide to the State Police the name, date of birth, and certain other directory information of each student who enrolls with the institution. The intent of this law is to ensure compliance with the requirement under Virginia law for sexual offenders to register with local law enforcement."

*If I enroll, I agree to abide by the rules and regulations and the Honor Code of The College of William and Mary.*

Signature \_\_\_\_\_ Date \_\_\_\_\_