



# Special Student Application

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Social Security \_\_\_\_\_ Email \_\_\_\_\_

Permanent address: \_\_\_\_\_  
Present or university address: \_\_\_\_\_  
\_\_\_\_\_

Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Church preference \_\_\_\_\_ Citizenship:  U.S.  Other \_\_\_\_\_  
(PERMANENT RESIDENT/STUDENT VISA)

Ethnic Origin:  White  African-American  Hispanic  Native American  Asian or Pacific Islander  
 Other \_\_\_\_\_

Have you ever  applied or  enrolled at ACU in the past? If so, when? \_\_\_\_\_

## ENROLLMENT INFORMATION:

Year \_\_\_\_\_ Term:  Fall  Spring  Summer

A. Graduate Student

Most recent school attended \_\_\_\_\_

B. Undergraduate Student

College from which you are seeking a degree: \_\_\_\_\_

C. Intercollege (check as appropriate):  HSU  McMurry

Courses in which you wish to enroll:

SUBJ.	NUM.	SECT.	HRS.	SUBJ.	NUM.	SECT.	HRS.	SUBJ.	NUM.	SECT.	HRS.

I affirm that this information is correct to the best of my knowledge. I also understand that my enrollment as a special student does not imply matriculation in a degree program at ACU.

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

You may email this form to registrar@acu.edu, fax it to (325) 674-2238, or mail it to: Registrar's Office; ACU Box 29141; Abilene, TX 79699.