

- New
- Readmit
- Currently Enrolled
- Temporary Admit

Enrollment
Troy University School of Nursing
Montgomery Campus

Name: _____ **SS#** _____ - _____ - _____ **Term:** _____
Last First MI State County Zip

Address: _____
Street City State County Zip

Phone: (Home) (_____) _____ **(Work)** (_____) _____

Undergraduate Program of Study: ASN [] ADV/PLA [] BSN [] Graduate Program of Study: Adult Health/Admn [] Child Health/Admn [] Mat/Inf-Admn [] FNP [] Adult Health/Educ [] Child Health /Educ [] Mat/Inf-Educ [] Cert [] RN-MSN [] Nsg Informatics Spec []	Degree <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	Classification <input type="checkbox"/> Post Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Post Masters <input type="checkbox"/> Sixth Year <input type="checkbox"/> Transient
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Dept.	No.	Sec.	Course Title	Credit	Day	Time	Room	Instructor

Overload Approval: _____
Program Director

Total Hours _____ **Advisor Signature** _____

Payment:

[] Self Pay	[] Pell Grant	[] Other (Specify)	Out of State Fee:
[] Tuition Asst.	[] State VA		[] Yes
[] Federal VA Rehab	[] State Rehab.		[] No

By signing this enrollment you are hereby contractually binding yourself to pay Troy University an amount equal to the prevailing tuition rate at the University, proportionate to the hours you have requested, plus any other fees that you may incur. If, for any reason, you shall fail to pay such amount when due, then you further agree to pay all costs of collection, including a reasonable attorney's fee, whether suit be brought or not.

 Student's Signature Date

Distribution of Copies: White- Data Processing & Records
 Yellow- School of Nursing
 Pink- Business Office