REGISTRATION FORM
Felician Higher Education Online Alliance

Felician University: Office of the Registrar • 262 So. Main Street, Lodi, NJ 07644 registrar@felician.edu
Madonna University: Office of the Registrar • 36600 Schoolcraft Road, Livonia, MI 48150 • (734)432-5400 • registrar@madonna.edu
Villa Maria College: Office of the Registrar • 240 Pine Ridge Road, Buffalo, NY 14225 • (716)961-1806 • shieldsm@villa.edu

DATE	SEMESTER/YEAR	SOCIAL SECURITY #	ID NUMBER
HOME INSTITUTION:		**HOST INSTITUTION:**	

LAST NAME _____ FIRST _____ MIDDLE _____

ADDRESS _____

CITY/STATE/ZIP_____ BIRTH DATE _____

PHONE: HOME _____ CELL _____

HOME SCHOOL EMAIL _____

The following information is requested for Federal and State statistical purposes. Responses are not required, but appreciated.

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Religious ☐ Other

Religious Affiliation: _____ **Citizenship:** _____ **First Language:** _____

Non-Resident Alien (check one): ☐ Yes (if yes, stop here) ☐ No

Race (check one or more):

☐ White ☐ Black/African Am. ☐ Asian ☐ Am. Indian/Alaskan Native ☐ Native Hawaiian/other Pacific Islander

HOST COURSE NUMBER	SHORT TITLE	SEMESTER HOURS	HOME COURSE EQUIVALENCY

By signing this registration agreement, you agree to the tuition charges of your Home institution, and request that the Host institution provide a copy of your transcript, at no charge, to your Home Institution Registrar.

_____
Student Signature Date

Office Use