University of Sioux Falls
Off-Campus [redacted]graduate Enrollment

20____ ☐ Fall ☐ Spring ☐ Summer Date _____

Social Security Number _____ Phone _____

Full Legal Name _____
First Middle Last

Address _____
Street City State Zip

☐ Male ☐ Female

Do you have previous credit at USF? ☐ Yes ☐ No

If yes, under what name? _____

Workshop Name	No.	Dates	Credit	Location
(One workshop per registration)				

See reverse for workshop policies and credit information.