

**University of Sioux Falls
Off-Campus Graduate Enrollment**

20____ ☐ Fall ☐ Spring ☐ Summer Date _____

Social Security Number _____ Phone _____

Full Legal Name _____
First Middle Last

Address _____
Street City State Zip

☐ Male ☐ Female Date of Birth _____
(mm/dd/yyyy)

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

If yes, under what name? _____

Email address _____

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

See reverse for workshop policies and credit information.

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