

Non-LMU students taking AFROTC courses should submit this form to AFROTC Detachment 040

Name of Full-Time College/University \_\_\_\_\_

Class Year \_\_\_\_\_

Major \_\_\_\_\_

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SOCIAL SECURITY NUMBER

MALE       FEMALE

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BIRTH DATE

LAST NAME      FIRST NAME      MIDDLE NAME      ETHNIC ORIGIN (OPTIONAL)

CITIZENSHIP      INS VISA TYPE IF NOT US CITIZEN      RELIGION (OPTIONAL)

PERMANENT STREET ADDRESS

CITY      STATE      ZIP CODE

MAILING STREET ADDRESS (IF DIFFERENT)

CITY      STATE      ZIP CODE


PERMANENT PHONE      LOCAL PHONE      CEL PHONE

EMAIL ADDRESS

### EMERGENCY CONTACT

LAST NAME      FIRST NAME

STREET ADDRESS

CITY      STATE      ZIP CODE


PHONE      CEL PHONE

EMERGENCY CONTACT'S RELATIONSHIP TO YOU

### COURSE REQUEST


CRN      DEPT      COURSE #      SECTION


CRN      DEPT      COURSE #      SECTION

SIGNATURE OF STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

Please restrict my personal information from being placed in the University Directory.

INITIAL \_\_\_\_\_