



Office Use Only

RM _____

COMMUTING STUDENT REGISTRATION

(Please Print Neatly)

Student ID # Name: _____
Last First Middle Initial

Gender: _____ Cell Phone #: _____ Next Year Class Level: FR SO JR SR SP
(List Current phone # if no Cell phone #)

Date of Birth: _____ High School Graduation Year: _____ Email Address: _____

CHOOSE ONE: ☐ I plan to live at home next year.
☐ I am 22 years old and plan to commute.
☐ I am not 22 years old, but I received permission to live off campus (ATTACH copy of email granting permission).
☐ I will be a part time student.
☐ I am married. Name of spouse: _____

MEAL PLAN: ☐ 5 Meal Plan (5 meals per week) ☐ I do not wish to have a meal plan at this time

I PLAN TO LIVE AT THIS ADDRESS: _____

City

State/Province

Zip/Postal Code

By signing below, I agree to the following conditions of enrollment at Dordt University:

- 1) To accept the responsibility of becoming a member of the Dordt University residential community, 2) to uphold specific standards of behavior that enhance the welfare and best interest of the entire college community as outlined in the *Student Handbook* and other college publications,
- 3) I understand that Dordt may contact my parents to verify my housing status.

Signature

Date