

Office of the Registrar University of Memphis 003 Wilder Tower, Memphis TN 38152 eliteaudit@memphis.edu

ELITE STUDENT AUDIT PROGRAM – FALL 2024 Due by August 12, 2024

Student Information

Name:					
		First		Middle	
U-Number: U					
Address:					
City:	State:		Zip Code:		
Date of Birth:	Telephone Number:			Male	Femal
Citizenship: US Citizen	Permanent Resident	Neither - inc	licate visa	type	
Do you consider yourself t	o be Hispanic/Latino/Sp	anish origin:	Yes	No	
Please select one or mor White Black/African-American Asian	American lı Naskan Na	ndian	•		
Are you a resident of Tennessee?		Yes	No		
Are you a High School Graduate?		Yes	No		
Do you hold a four-year degree?		Yes	No		
Have you ever attended the University of Memphis, Memphis State University, or Memphis State College? If Yes, list dates.		Yes	No		
v signing or submitting this form, I Independent Study courses. I und udent Audit Program.	acknowledge that I may not i	egister for AVIA	, ARCH, LA		
udent conduct and performance in niversity of Memphis. See the Stu			and discipli	nary policie	es of the
ignature:			Date:		