



ARKANSAS TECH  
UNIVERSITY

**Please Print**

Date \_\_\_\_\_ Preferred Name \_\_\_\_\_

Legal Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell # (        ) \_\_\_\_\_ - \_\_\_\_\_ Gender:  male  female

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

High School \_\_\_\_\_ Year of Graduation \_\_\_\_\_

*\*Fill this card out and bring it with you to the late registration line when you arrive*