



**NEXus Student Enrollment Form**

This form should be submitted each semester a student is taking courses through the NEXus program. The completed form should be mailed to the VCU School of Nursing, Office of Academic Programs, Attn: Fonda Neal, P.O. Box 980567, Richmond, VA 23298-0567 or sent by fax (804) 827-5334.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_ Home State \_\_\_\_\_  
Indicate whether Home (H), Mobile (M), and/or Work (W) (state student is from)

Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_ VISA Type \_\_\_\_\_

**Ethnic Background:**  
 Are you Hispanic or Latin? (Select one or both)  Yes  No  
 Select one or more of the following racial categories to describe yourself:  
 American Indian or Alaska Native  White  
 Black or African American  Asian  
 Native Hawaiian or Other Pacific Islander

**Emergency Contact Information:**  
 Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Please Check "Yes" or "No":**  
 I am registering for at least one graduate-level course (level 500 or above).  Yes  No  
 I have applied to or attended VCU in the past.  Yes  No  
 I have used another name at VCU in the past.  Yes  No  
 Other name: \_\_\_\_\_

I am requesting to register for: (check one)  Spring  Summer  Fall Year \_\_\_\_\_

Course Reference Number \_\_\_\_\_ Subject \_\_\_\_\_ Course Number \_\_\_\_\_ Section \_\_\_\_\_ Credit Hours \_\_\_\_\_ Instructor \_\_\_\_\_

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I have read and understand all information pertaining to the NEXus program. I understand that once this form is processed, VCU will issue me a student ID number, also called a V number, and notify me of this information at the email address that I supplied on this form. I understand that the invoice for my class will be sent to my VCU email account. I understand that my enrollment at VCU is subject to the policies of the VCU Graduate School located at www.graduate.vcu.edu. I also understand that by signing this form, I give VCU authorization to send a copy of my final transcript to my home institution.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Doctoral Program Administrator \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Student ID Number: \_\_\_\_\_ RES: \_\_\_\_\_  Enrolled in Course  Not Enrolled in Course: \_\_\_\_\_ Reason \_\_\_\_\_  Student Notified \_\_\_\_\_ Date \_\_\_\_\_