



Office of the Registrar
University of Memphis
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eliteaudit@memphis.edu

ELITE STUDENT AUDIT PROGRAM – SUMMER 2024

Due by May 20, 2024

Student Information

Name: _____
Last First Middle

Former Name(s): _____

U-Number: U _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Telephone Number: _____ Male Female

Citizenship: US Citizen Permanent Resident Neither - indicate visa type _____

Do you consider yourself to be Hispanic/Latino/Spanish origin: Yes No

Please select **one or more** of the following racial categories to describe yourself:

- | | |
|------------------------|---|
| White | American Indian |
| Black/African-American | Alaskan Native |
| Asian | Native Hawaiian or Other Pacific Islander |

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? Yes No

If **Yes**, list dates. _____

By signing or submitting this form, I acknowledge that I may not register for AVIA, ARCH, LAW, NURS, Honors, or Independent Study courses. I understand that I am responsible for course fees not covered by the Elite Student Audit Program.

Student conduct and performance in the courses will be subject to the academic and disciplinary policies of the University of Memphis. See the [Student Code of Rights and Responsibilities](#).

Signature: _____ Date: _____