

OFFICE of the UNIVERSITY REGISTRAR

Audit Form for Non-UNC Students

Name: Last	Fir	rst	Middle
Address: Street			
City	State _	Zip	
Phone Number: E-M		Iail Address:	
Gender:	Date	e of Birth:	
Ethnicity (please select	all that apply):	Citizenship Status	:
□ Not specified - Choos□ Other	Alaska Native der Other Pacific Islander se not to report	□ Non-Resident A Country of Orig	in
If yes- When	ed the University of No ?	orth Carolina at Chapel	Hill?
Signature		Date	