

Arkansas State University

Enrollment Checklist for Tennessee Residents (Permanent student record)

Enrollment Date: _____

Name of Student: _____

Social Security Number: _____

ASU Student ID: _____

Address: _____

City State Zip: _____

Telephone Number: () _____

ASU Email Address: _____

Academic Program: _____

Please check mark each section when completed.

N/A Toured the institution (not applicable for on-line programs)

- I received information for accessing the Graduate Bulletin on-line at <http://www.astate.edu/college/graduate-school/>
- I was given the time and opportunity to review the institutional policies in the Bulletin located here: <http://www.astate.edu/college/graduate-school/>
- I know the length of the program for full time and part time students in the academic terms and actual calendar time. <http://degree.astate.edu/calendar.aspx#scheduleCourses>.
- I have been informed of the total tuition and fee cost of the program <http://degree.astate.edu/tuition.aspx>.
- I have been informed of the estimated cost of books and any required equipment (estimated cost \$1500.00).
- I have been given a copy of the institutional cancellation and refund policy
- www.astate.edu/a/academic-partnerships/documents/Academic+Partnership+Academic+Policies+Revised.pdf
- I understand what 'transferability of credits' means and the specific limitations (if any) should the institution have articulation agreements. http://degree.astate.edu/documents/TN_Credit_Transferability_Disclosure.pdf
- I have been informed that any grievances not resolved on the institutional level may be forwarded to the Tennessee Higher Education Commission, Nashville, TN 37243-0830, (615) 741-5293
- I have been informed of the retention, completion and placement rates associated with this academic program by contacting the Chair of the Department of Educational Leadership, Curriculum and Special Education at (870) 972-3062, MPA Director at 870-972-3048, BSIS Director 870-972-2080 or A-state Online Service 870-680-4836.

Signature of Advisor

Date

Signature of Student
Please send completed form to:
Academic Partnership Coordinator
P.O. Box 2520 State University, AR 72467

Date
Or you can fax to 870-972-3548