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.		
`	not applicable for on-line programs	,
	or accessing the Undergraduate Bundergraduate Bunde	ulletin on-line at
□ I was given the time and opportunity to review the institutional policies in the Bulletin located here:		
http://www.astate.edu/a/registrar/students/bulletins/		
	program for full time and part time a gree.astate.edu/calendar.aspx#sch	students in the academic terms and actual neduleCourses.
 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		
http://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		
program by contacting Communications at 870	the Dean of University College at -972-3973, Dean of Agriculture, En	ement rates associated with this academic (870) 972-3574, Dean of Liberal Arts and gineering, & Technology at 870-972-2087, 60 or College of Nursing at 870-972-3074.
Signature of Advisor		Date
Signature of Student		 Date

Please send completed form to: (Or you can fax to 870-972-3548) A-State Online Services P.O. Box 2520 State University, AR 72467