

## Request for Quick Admission of a Fellow as a Non-Degree Student

Last Name:		_ UB Em	nployee ID Number:	
First Name:		UB Person Number (if known):		
Middle Name (option	nal):	-		
Gender:		Date of Birth:		
Citizenship:		Ethnicity (optional):		
Primary Email Addre	ess:			
Secondary Email Ad	dress (optional):			
Permanent Address:		Local Address (optional):		
Phone Number:				
Out-of-State Resider	nt 🗌 I	n-State Reside	ent	
Term/Year of Desired	d Enrollment (e.g. S <sub>l</sub>	oring 2018): _		
Course Number and	Title:			
Course Registration	#:			
For Graduate Schoo	l Office use only			
Career: Graduate	Academic Progra	ım: 25N0	Academic Plan: PGS074R0	
PN:	[	Date Registered:		Initials:

The Graduate School