

Southern Connecticut State University

NEBHE APPLICATION

New England Regional Student Program

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Last Name

First Name

MI

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Student ID Number

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Social Security Number

Check one: Full-time Graduate Full-time Undergraduate

Semester: Fall

Spring

Year:

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State of Legal Residence:

Maine Massachusetts New Hampshire Rhode Island Vermont

Out-of-State Home Address: _____

Program of Study:

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Student's Signature

Date

Advisor's Signature

Date

This application must be completed and returned to the Registrar's Office prior to the 9th week of current semester courses so that eligibility can be determined for the next academic year.

Accepted

Rejected

Reason: _____

Registrar's Signature

Date