



*This form must be faxed to Rhonda Bobb at (954) 262-3925 prior to, or coincidental with student registration via Webstar. No registrations may be processed until Full Admission status has been granted.*

**NOVA SOUTHEASTERN UNIVERSITY**

**Fischler School of Education and Human Services**

**Bachelor of Science in Elementary Education; Exceptional Student Education**

Date: \_\_\_\_\_ Entry Term: \_\_\_\_\_ Nova Student I.D. \_\_\_\_\_

NAME: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

DATE OF BIRTH: (Month/Day/Year): \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

HOME ADDRESS: (Street) \_\_\_\_\_ (Apt.) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

I, (Print Name) \_\_\_\_\_, qualify for a 15% discount per the articulation agreement between \_\_\_\_\_ Community College and Nova Southeastern University. I am pursuing a B.S. in \_\_\_\_\_ Education. My anticipated date of degree completion is (Semester; Year) \_\_\_\_\_

Student Signature: \_\_\_\_\_

<p>For Official Use Only</p> <p>A.A. Completed ___ Not Completed ___ Discount Approved ___ Not Approved ___</p> <p>Signature: _____ Date: _____</p>
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