



**If you would like to receive more information about ASU, please complete the following form.**

Date:

Social Security Number:

Mr.  Ms.   
(Last Name) (First Name) (Middle Name)

Mailing Address:   
  
(City) (State) (Zip)

E-mail Address:

Telephone:   
(Area Code) (Number)

Date of Birth:   
(MM/DD/YR)

School Now Attending:

FR  SO  JR  SR

When do you plan to enroll in ASU:

Academic Interests:

Other Interests:

<b>SEND:</b> <input type="checkbox"/> Catalog	<input type="checkbox"/> Financial Aid/Scholarships
<input type="checkbox"/> Application Packet	<input type="checkbox"/> Housing
<input type="checkbox"/> College Days Invitation	<input type="checkbox"/> Other: _____

*The information you have supplied on this form is maintained by the University. You have the right to review and correct this information by contacting the Office of Admissions.*