NON-DEGREE SEEKING STUDENT REGISTRATION FORM

Rutgers University does not discriminate in admissions or access to its programs and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, sex, sexual orientation or veteran’s status.

Directions: 1) Complete this form. Please type or print legibly.
2) Obtain signature of the Associate Dean for Student Affairs to enroll.
3) Submit original form, attachments and payment to the Campus Office (see above for contact information). Be sure to attach final transcript conferring undergraduate degree and a statement (100 words or less) explaining reason for taking course(s). Tuition and fees must be paid upon registration, including a $50 registration fee.

Please note: You may register for two (2) semesters and no more than six (6) credits total. An official application to the Rutgers School of Public Health is required to register for more than two (2) semesters and more than six (6) credits.

Have you ever registered in a previous semester?  □ No  □ Yes, in __________ of __________

Have you ever applied to the Rutgers School of Public Health?  □ No  □ Yes, in __________ of __________

COURSE REGISTRATION

Please select campus:  □ New Brunswick  □ Newark

Please select semester:  □ Fall  □ Spring  □ Summer  Year __________

I am currently □ attending or □ not attending another university and would like to register for the course(s) below as a non-matriculated/visiting student.

<table>
<thead>
<tr>
<th>CRN #</th>
<th>Course Prefix</th>
<th>Course No.</th>
<th>Course Title</th>
<th>Section</th>
<th>Credits</th>
<th>Day</th>
<th>Time</th>
<th>Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345</td>
<td>PHCO</td>
<td>0504</td>
<td>Introduction to Biostatistics (example only)</td>
<td>030</td>
<td>3</td>
<td>Thur</td>
<td>5:30-8:30pm</td>
<td>New Brunswick</td>
</tr>
</tbody>
</table>

YOU MUST NOTIFY US IMMEDIATELY OF ANY CHANGE IN YOUR MAILING ADDRESS.

1. Name: ____________________________________________________________
   Last Name  First Name  Middle Initial

   Other name which may appear on credentials:

   ____________________________________________________________
   Last Name  First Name  Middle Initial

2. Email Address: ____________________________________________________

3. Current Mailing Address: valid until: _____ / _____ / _____ (month/date/year)

   Include Number, Street and Apt. Number  City  County / State  Zip Code

4. Phone Numbers:

   ____________________________________________________________
   Home Telephone Number (incl. area code)  Business Telephone Number (incl. area code)  Mobile Telephone Number (incl. area code)
5. Permanent Legal Address:

Include Number, Street and Apt. Number
City
County / State
Zip Code

6. If New Jersey Resident:

County
How Long?
From: Month/Year
To: Month/Year

7. Citizenship:

- ☐ U.S.
- ☐ Foreign National
- ☐ U.S. Resident Alien
- Social Security #_____ –____ – _____

Alien Card #: ___________________________________
Expires: ______/______ /______ (month/date/year)

8. Optional Personal Information: Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of your registration.

Birth Date: ____/____/____ (month/date/year)
Gender: ☐ Male ☐ Female

Race/Ethnic Category: (Optional, but if you choose to complete this section, please complete both Part 1 and Part 2.)

Part 1 – Ethnicity
- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino

Part 2 – Race (select one or more):
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White or Caucasian

9. Emergency Contact: Please list an emergency contact name and telephone number.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

All the information that I have provided herein is true. Any false information provided on this registration form may be considered grounds for rejection of the registration, or if accepted, dismissal from the School. I understand that I am bound by all policies and regulations contained in the School of Public Health Course Catalog.

_____________________________________________________
Student Signature

_____________________________________________________
Date ____________________

_____________________________________________________
Approved by Associate Dean for Student Affairs

_____________________________________________________
Date ____________________

Rutgers University is committed to complying with the requirements of the Americans with Disabilities Act. In compliance with the Student Right to Know and Campus Security Act, the Annual Security Report is available from the Department of Public Safety, 335 George Street, New Brunswick, New Jersey.
Tuition and Fees Payment Information -- Must be Paid Upon Registration
(For Cost of Study Information, please visit sph.rutgers.edu/admissions/tuition_fees.html)

Student Name:___________________________________________ Student ID# ____________________________
(Assigned by the Office of the Registrar)

Total Amount Due: $ ___ ___ ___ ___ ___ . ___ ___

Check Payment Type:  ☐ Discover  ☐ Visa  ☐ Mastercard  ☐ American Express  ☐ Check 

For Rowan GSBS students only:
☐ Check here if payment will be made after Financial Aid through Rowan GSBS is awarded. Transcripts will not
be released for students with an outstanding account.

Name as it Appears on Card: ___________________________________________

Account No. ___ ___ ___ ___      ___ ___ ___ ___      ___ ___ ___ ___      ___ ___ ___ ___

Security Code on Card: _______________________ Expiration Date: __________________

Authorized Signature ___________________________________________________________________________