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 all pages of this form. Please type or print legibly.
   2) Submit original form, attachments, and payment to the Office of Admissions (see above for contact information). Be sure to attach official transcripts conferring highest degree earned in a sealed envelope, 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.
   3) Obtain signature of the Associate Dean for Student Affairs to enroll.

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 location:  □ 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>Location</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
Name: ______________________________

4. **Phone Numbers:**
   
<table>
<thead>
<tr>
<th>Home Telephone Number (incl. area code)</th>
<th>Business Telephone Number (incl. area code)</th>
<th>Mobile Telephone Number (incl. area code)</th>
</tr>
</thead>
</table>

5. **Permanent Legal Address:**

<table>
<thead>
<tr>
<th>Include Number, Street and Apt. Number</th>
<th>City</th>
<th>County / State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

6. **If New Jersey Resident:**

<table>
<thead>
<tr>
<th>County</th>
<th>How Long?</th>
<th>From: Month/Year</th>
<th>To: Month/Year</th>
</tr>
</thead>
</table>

7. **Citizenship:** □ U.S. □ U.S. Permanent Resident (holding a green card)
   
   Social Security #: _______________________________
   
   Permanent Resident 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 □ Non-Binary □ Prefer Not to Say

   **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>

10. **Tuition and Fees:** MUST BE PAID UPON REGISTRATION.
    Payment Information -- For cost of student information, visit sph.rutgers.edu/admissions/tuition_fees.html
    To pay by credit card, visit www.studentabc.rutgers.edu/payment-instructions-rbhs-students
    To pay by cash or check, go to one of the RBHS Cashier’s locations listed at:
    www.studentabc.rutgers.edu/cashiers-offices-rbhs

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 Director of Admissions and Recruitment 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.