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>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)
Name: ______________________________________

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>

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 Associate Dean for Student Affairs

Date __________________