

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 the Director of Admissions and Recruitment's signature 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.

- A. Have you ever registered in a previous semester?** No Yes, in _____ of _____
- B. Have you ever applied to the Rutgers School of Public Health?** No Yes, in _____ of _____
- C. Have you been accepted as a certificate or degree student by the School of Public Health?** No Yes*
- D. Are you currently enrolled in a Rutgers undergraduate program (e.g., Honors)?** No Yes,* _____
Rutgers School

*If you note Yes for items C or D above, your Academic Advisor must sign on page two.

COURSE REGISTRATION

- Please select location: New Brunswick Newark
- Please select semester: Fall Spring Summer Year _____

I would like to register for the course(s) below as a non-matriculated/visiting student.

CRN #	Course Prefix	Course No.	Course Title	Section	Credits	Day	Time	Location
12345	PHCO	0504	Introduction to Biostatistics (example only)	030	3	Thur	5:30-8:30pm	New Brunswick

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/day/year)

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

Name: _____

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. U.S. Permanent Resident (holding a green card) Foreign National

Social Security #: _____

Visa Type: _____

Permanent Resident Card #: _____

Expires: ____ / ____ / ____ (month/day/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/day/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.

Name Relationship Telephone Number

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 _____

Director of Admissions and Recruitment Signature

Date _____

Academic Advisor Signature (If C or D is marked as Yes on page 1)

Date _____