

UMDNJ-SCHOOL OF PUBLIC HEALTH

NON-MATRICULATING STUDENT: REGISTRATION FORM

THIS FORM MAY ONLY BE USED TO REGISTER FOR ONE TERM AND UP TO 6 CREDITS
EVIDENCE CONFERRING UNDERGRADUATE DEGREE (FINAL TRANSCRIPT) MUST BE RETURNED WITH FORM

- DIRECTIONS:** 1) Obtain the signature of the Associate Dean for consent to enroll. 2) Submit original form and attachments to the Campus Office. 3) Campus Office will forward to the Registrar. 4) Statement as to the reason(s) for taking the course(s)

CAMPUS (SELECT ONE): NEWARK PISCATAWAY/NEW BRUNSWICK STRATFORD/CAMDEN
 SEMESTER (SELECT ONE): FALL SPRING SUMMER YEAR: _____

LAST NAME	FIRST NAME	MI
SOCIAL SECURITY NUMBER		

CRN #	COURSE PREFIX	COURSE #	COURSE TITLE	SEC	CR.	DAY	TIME	OFFICIAL USE ONLY
12345	PHCO	0504	EXAMPLE Introduction to Biostatistics EXAMPLE		3	THUR	5:30-8:30PM	

PERMANENT HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 COUNTY: _____ PHONE: (____) _____ IF NJ RESIDENT, FOR HOW LONG? _____
 WORK TELEPHONE NUMBER: _____ E-MAIL ADDRESS: _____
 CURRENT MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE: (____) _____ COUNTY: _____

Responses to these questions are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of the registration.

DATE OF BIRTH: ____/____/____

GENDER: MALE FEMALE

<input type="checkbox"/> Asian /Pacific Islander (D)	<input type="checkbox"/> Cuban (B2)
<input type="checkbox"/> Mexican (B3)	<input type="checkbox"/> White, Non-Hispanic (C)
<input type="checkbox"/> Puerto Rican/Mainland (B5)	<input type="checkbox"/> Hispanic/Other (B)
<input type="checkbox"/> Am. Indian/Alaskan Native (E)	<input type="checkbox"/> Black (A)
<input type="checkbox"/> Puerto Rican /Commonwealth (B6)	

CITIZENSHIP: U.S. Foreign National Visa Type _____
 * U.S. Resident Alien Alien Card Number: _____ Expires: _____
 * **Student must present U.S. Resident Alien Card or appropriate Visa at campus office before registration.**

Have you ever applied to the UMDNJ-School of Public Health? No Yes If yes, please indicate _____ Semester _____ Year

Please check the box below that best applies:
 I am currently attending/ not attending another university and would like to take this course as a non-matriculating student.

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

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURES OF CAMPUS ASSOCIATE DEAN: _____ DATE _____

***NOTE: ALL STUDENTS ARE BILLED FOR REGISTRATION AND TUITION ACCORDINGLY.**
An official application to the School is required to register for more than one semester and more than 6 credits.

In compliance with the Student Right to Know and Campus Security Acts, UMDNJ's Annual Security Report is available from the UMDNJ-Department of Public Safety. The UMDNJ-School of Public Health is sponsored by UMDNJ in cooperation with Rutgers, The State University of New Jersey and New Jersey Institute of Technology.

UMDNJ 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.