UMDNJ-SCHOOL OF PUBLIC HEALTH

REGISTRATION SHORT FORM FOR NON-MATRICULATING STUDENTS

FINAL TRANSCRIPT CONFERRING UNDERGRADUATE DEGREE REQUIRED UPON RETURN OF REGISTRATION FORM.

THIS FORM MAY BE USED TWICE TO REGISTER FOR TWO SEMESTERS AND NO MORE THAN 6 CREDITS TOTAL.

PAYMENT MUST BE MADE AT THE TIME OF REGISTRATION.

An official application to the UMDNJ-School of Public Healthl is required to register for more than one semester and more than 6 credits.

DIRECTIONS: **1)** Obtain the signature of the Associate Dean for consent to enroll. **3)** Campus Office will forward to the Registrar.
2) Submit original form and attachments to the Campus Office. **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:**_____

Have you ever used this form in a previous semester? ☐ No ☐ Yes If yes, please indicate _____ _____
Semester *Year*

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-matriculated student.

_____ ☐☐☐–☐☐–☐☐☐☐

LAST NAME FIRST NAME MI SOCIAL SECURITY NUMBER

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

PERMANENT HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE:_____

COUNTY:_____ HOME PHONE: (____)_____ IF NJ RESIDENT, FOR HOW LONG? _____

WORK TELEPHONE NUMBER:_____ E-MAIL ADDRESS: _____

CURRENT MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE:_____

HOME 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: _____/_____/_____

Part 1 – Ethnicity

☐Hispanic or Latino
☐Non-Hispanic or Latino

Part 2 – Race (Select one or more)

☐American Indian/Alaskan Native
☐Asian
☐Black or African American
☐Native Hawaiian or other Pacific Islander
☐White

GENDER: ☐ MALE ☐FEMALE

CITIZENSHIP: ☐U.S.
* ☐U.S. Resident Alien
☐Foreign National Visa Type _____
☐Alien Card Number: _____ Expires: _____

**** Student must present U.S. Resident Alien Card at campus office before registration.***

SIGNATURE OF APPLICANT _____ **DATE**_____

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 CAMPUS ASSOCIATE DEAN: _____ **DATE**_____

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.

NOTE: **ALL STUDENT REGISTRATION AND TUITION COSTS MUST BE PAID UPON REGISTRATION.**

UMDNJ-SCHOOL OF PUBLIC HEALTH

NON-MATRICULATING STUDENT

TUITION PAYMENT FORM

NOTE: **ALL STUDENT REGISTRATION AND TUITION COSTS MUST BE PAID UPON REGISTRATION.**

Student Name: _____ Student ID# _____
Assigned by Registrar Representative

Total Amount Due: $____ ____ ____ ____ ____. ____ ____

☐ Discover ☐ Visa ☐ Master Card ☐ American Express ☐ Check # _____

Account # _____ Expiration Date: _____

3 Digit Security Code on Back of Credit Card _____

Authorized Signature: _____

Tuition Fee for 2008-2009:

In-State Tuition (per credit)	$526.00
Out-of-State Tuition (per credit)	$773.00
Administrative Fee (per semester)	$150.00
Application Fee (per semester)	$ 50.00
Technology Fee (per semester)	***Per Credit Rates Apply***

Credits	Technology Fee
0-1	$55.00
2	$63.00
3	$70.00
4	$78.00
5	$85.00
6	$93.00

All tuition and fees must be paid with your registration. If paying by check **make check payable to UMDNJ-School of Public Health**. Tuition fees may increase approximately 9% for the academic year 2009-2010.

In-state	Out-of-State
1 credit plus fees =$781.00	1 credit plus fees = $1,028
2 credits plus fees = $1,315	2 credits plus fees = $1,809
3 credits plus fees = $1,848	3 credits plus fees = $2,589
4 credits plus fees = $2,382	4 credits plus fees = $3,370
5 credits plus fees = $2,915	5 credits plus fees = $4,150
6 credits plus fees = $$3,449	6 credits plus fees = $4,931