

Visiting Student Registration Form

**For Office Use Only:**  
**Semester:**  
 Fall \_\_\_ Spring X Summer \_\_\_ Year **2016**  
**Location:**  
 Internet X WHMEC \_\_\_ ACCC \_\_\_  
 On-Campus \_\_\_ Off-Campus \_\_\_  
 NB CMD NWK

Social Security Number (SSN optional)		RUID Number	
Last Name		First Name	Middle Initial
Address	City	State	Zip Code
County	Birth Date	Email	
Day Phone	Evening Phone	Cell Phone	
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Are you a legal resident of NJ? (primary residence must have been in the state of NJ for at least one (1) year)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate the selection that best describes your status. I am a:	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-US Citizen on a Visa	If on a Visa, please indicate type Visa _____	

**Please indicate the group that best describes you. We are required to report this information to the federal government.**

**Are you Latino/Hispanic?**  Yes  No If yes, please check one that applies to you:  Puerto Rican  Other Latino

Please choose one or more:  Asian  Native Hawaiian/Pacific Islander  Black/African American  White (Including Middle Eastern)  American Indian/Alaska Native

Tribe: \_\_\_\_\_

School	Subject	Course	Index	Section	Course Title	Select Course	Cred	APPROVAL INITIALS
01	560	105	20335	90	Italian for Reading Knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No	3	
01	560	106	09910	90	Italian for Reading Knowledge (prerequisite 105)	<input type="checkbox"/> Yes <input type="checkbox"/> No	3	

Have you ever attended Rutgers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate last year attended and affiliation.	(e.g., May 2001, DC, RC, LC) Sem/Year Affiliation	If applicable, please indicate degree received.	(e.g., BA, BS, MA)
How did you hear about us?	(e.g., internet search)				
Would you be interested in certificate programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, in what field(s) of study?			

By checking this box I certify that I have visited the website for the Office of the Registrar, have reviewed and will follow the Policies and Procedures, including information on tuition and fees, schedule revisions and deadlines. I also understand that I am fully liable for all university tuition and/or fees associated with my registration and will make payment or arrangements for payment suitable to the university prior to attendance and will not receive confirmation of registration until such time as payment has been received. I understand that registration is not guaranteed and is contingent on space availability and/or departmental approval. I also understand that transferability of credits is solely determined by the institution(s) I have applied to or am matriculated in. In addition, I recognize that registering for courses via Rutgers Continuing Studies does not guarantee acceptance into any academic program offered at Rutgers University.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Continuing Studies Representative – Signature	Date	Departmental Approval	Faxed to Registrar
Approver's Comments		Sent Student Confirmation	Student Registered