RUTGERS
Continuing Studies

Visiting Student Registration Form

For Office Use Only:
Semester:
Fall ✓ Spring __ Summer ___ Year 2019
Location:
Internet _X_ WHMEC __ ACCC __
On-Campus __ Off-Campus __
NB __ CMD __ NWK ___

Italian for Reading Knowledge is a One-Year Certificate Program starting each fall with 3 credits and and 3 more in the spring. You must complete 01560105 in order to register for 01560106.

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 ☐ Female ☐ Male	Are you a legal resident of NJ? (primary residence must have been in the state of NJ for at least one (1) year)	☐ Yes ☐ No	
Please indicate the selection that best describes your status. I am a:	☐ US Citizen ☐ Permanent Resident ☐ 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	INITIALS
01	560	105	07294	90	Italian for Reading Knowledge	☐ Yes ☐ No	3	
01	560	105	12400	91	Italian for Reading Knowledge	☐ Yes ☐ No	3	
						☐ Yes ☐ No		

Have you ever attended Rutgers?	☐ Yes ☐ 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)				
Interested in other certificate programs?	☐ Yes ☐ 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

Forward registration form by email to: **rcs@docs.rutgers.edu**

Questions? 732-932-5004