

**For Office Use Only:**

**Semester:**

Fall  Spring \_\_\_ Summer \_\_\_ Year **2021**

**Location:**

Internet  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	
Address		City	State
County		Birth Date	Zip Code
Day Phone		Evening Phone	Email
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:		If on a Visa, please indicate type Visa _____	
		<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Non-US Citizen on a Visa	

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

Are you Latino/Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please check one that applies to you: <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other Latino	
Please choose one or more:		<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander
		<input type="checkbox"/> Black /African American	<input type="checkbox"/> White (Including Middle Eastern)
		<input type="checkbox"/> American Indian/Alaska Native	Tribe: _____

School	Subject	Course	Index	Section	Course Title	Select Course	Cred	INITIALS
01	560	106	15154	90	Italian for Reading Knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No	3	
01	560	106	15155	91	Italian for Reading Knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No	3	
						<input type="checkbox"/> Yes <input type="checkbox"/> No		

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)			
Interested in other 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
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Continuing Studies Representative – Signature	Date	Departmental Approval	Faxed to Registrar
Approver’s Comments		Sent Student Confirmation	Student Registered