

# NON-MATRICULATING & VISITING STUDENTS\*

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Session A B C

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
Last First

Male  Female Date of Birth \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. # City State Zip

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

Are you a United States citizen or permanent resident?  Yes  No

If you are not a citizen of the United States, of which country are you a citizen? \_\_\_\_\_

What is your alien registration number? \_\_\_\_\_ Type of Immigration Visa \_\_\_\_\_

Are you a veteran of the US armed forces?  Yes  No

Name of Employer \_\_\_\_\_

Position with firm \_\_\_\_\_ Tuition Reimbursement  Yes  No

*Please circle the term that comes closest to the way in which you choose to describe yourself (optional):\**

American Indian/Eskimo White/Caucasian Asian/Pacific Islander Black/African American Hispanic/ Latino

\*Caldwell University does not discriminate on the basis of race, religion, sex, national or ethnic origin, or physical limitation in the admission of its students. This information is requested on the application form for completion of statistical information only is not used as a basis for admission.

High School Attended \_\_\_\_\_ Year Graduated \_\_\_\_\_

Universities Attended **(Please attach official copies of all university transcripts)**

Name \_\_\_\_\_ Years \_\_\_\_\_ Degree \_\_\_\_\_

Name \_\_\_\_\_ Years \_\_\_\_\_ Degree \_\_\_\_\_

Are you enrolling in these courses to fulfill admission requirements for Caldwell's graduate program?  Yes  No

How did you hear about Caldwell University? \_\_\_\_\_

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

Date \_\_\_\_\_

## OFFICE OF THE REGISTRAR

120 Bloomfield Avenue, Caldwell, New Jersey 07006

Phone: (973) 618-3201 • Fax: (973) 618-3480

**\*Must include with registration form**