



College of  
Continuing Studies

**PRE-COLLEGE PROGRAM  
APPLICATION/REGISTRATION**

Phone 609-896-5033/FAX- 609-896-5261

**Note:** *This application/ registration form is ONLY for students who have never attended Rider University.*

**PLEASE PRINT**

Name: \_\_\_\_\_  
*Last First MI*

Home Address: \_\_\_\_\_  
*Street Address City State Zip*

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

SS No. (required for credit) \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

E-mail Address: \_\_\_\_\_ Current High School: \_\_\_\_\_

Citizenship:  US  Permanent Resident  Other \_\_\_\_\_  
Ethnicity: (optional)  Native American  African American  Asian  Hispanic  Other \_\_\_\_\_

**Do you anticipate applying to a degree program at Rider University at some point in the future?**

- Yes (If Yes, indicate degree and major [if applicable] \_\_\_\_\_)
- No  Undecided

**Have you been found responsible for a disciplinary violation at an educational institution you have attended, whether related to academic misconduct or behavioral misconduct that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?**

- Yes (Please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.)
- No

**Have you ever been convicted of a misdemeanor, felony, or other crime?**

- Yes (Please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.)
- No

**REGISTRATION REQUEST:**

- BroncTank Entrepreneurial Academy (ENT 100 01)**
- BroncCast Sports Media Academy (COM 131 01)**

I agree that I have met all prerequisites for the course/s requested and understand that my enrollment is contingent upon the approval of my guidance counselor and Rider University College of Continuing Studies. Upon enrollment, I will abide by all rules of the University.

High School students are required to obtain a Rider I.D. and a valid parking decal.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

This application is being made with my full knowledge and consent. I agree that, if my (son, daughter, ward) enrolls in this course, (he/she) will abide by all rules and regulations of Rider University.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_