



**Note:** This application/registration form is **ONLY** for students who have never attended Rider University. Current and previous Rider students should contact the College of Continuing Studies for more information.

### INSTRUCTIONS:

Audit applications and registrations are accepted no earlier than the first day of class in any given session/semester.

A course must have available (open) seats to be eligible for audit registration.

Courses that may **not** be audited: any course requiring a lab, requiring the permission of an instructor, reserved for majors only or other special learning communities, any course requiring group or team projects, or any applied courses such as studio art, piano, voice, speech, and writing intensive courses.

To view a list of courses with open seats, please go to [www.rider.edu](http://www.rider.edu) and type "roster" in the search box. Select the first item on the resulting list.

### PLEASE PRINT:

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

Permanent Address: \_\_\_\_\_  
*(Local Address) Street Address City State/Province Zip/Postal Code Country*

Mailing Address: \_\_\_\_\_  
*(Home Address) Street Address City State/Province Zip/Postal Code Country*

E-mail Address \_\_\_\_\_

Local Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Citizenship:  US  Permanent Resident:  Other: \_\_\_\_\_  
*(Provide Copy of Green Card) Country/Visa Type/Immigration Status*

List all high schools and colleges attended:

School/ Colleges	City and State	Dates Attended	Indicate Diploma or Degree Awarded

## Rider University College of Continuing Studies – Audit Application, continued

Have you ever 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** (If 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** (If yes, please attach a separate sheet of paper that gives the approximate date of each incident and explains the circumstances.)  **No**

### AUDIT COURSE REGISTRATION REQUEST (OPEN courses only.)

Semester/ Summer Session	Department Name (ex. PSY)	Course Number (ex. 100)	Course Section (ex. TR)	Course Title (ex. Intro. To Psych.)

Auditing students may not receive a refund or make changes to their course schedule.

Auditing Students are required to obtain a Rider photo I.D. and a valid parking decal.

The instructor should be made aware that you are auditing the course by the end of the first class period. Participation in course work is solely at the discretion of the faculty member.

***I certify that I have met all prerequisites for the course/s requested, and that the information that I have provided is accurate to the best of my knowledge. I understand it is my responsibility to ensure that all required academic records (transcript/s) are sent to Rider. I will abide by all rules of Rider University.***

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**Rider University College of Continuing Studies**

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