



RIDER UNIVERSITY

UNDERGRADUATE APPLICATION & REGISTRATION for VISITING STUDENTS Phone 609-896-5033/FAX- 609-896-5261

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.

PLEASE PRINT

Name: _____
Last First MI

Home Address: _____
Street Address City State Zip

Home Phone () _____ Cell Phone () _____

SS No. _____ Birth Date ____/____/____ Male Female
required for credit

E-mail Address: _____

Citizenship: US Permanent Resident Other: Country _____

Ethnicity: *(optional)* Native American African American
 Hispanic Asian
 Caucasian Other _____

Education: List all high schools and colleges attended:

Name of Institution	City and State	Dates Attended	Diploma or Degree Awarded

Are you interested in campus housing? Yes No

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

- Yes (indicate degree and major (if applicable) _____)
- No
- Undecided

How did you learn about Rider's Visiting Student Program?

- Friend/Neighbor Alumni Other _____
- Rider's Web Site Postcard _____
- coursehunters.com Newspaper Advertisement _____

Have you been found responsible for a disciplinary violation at an educational institution you have attended, whether related to academic misconduct or behavioral misconduct, which 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

COURSE REGISTRATION REQUEST*

Fall/Spr/JTERM Summer I or II	Department Name (ex. PSY)	Course Number (ex. 100)	Course Section (ex. TR)	Course Title (ex. Intro. To Psych.)

**To view a list of available courses go to www.rider.edu/courseschedule*

<p>I confirm that I have met all prerequisites for the course/s requested and understand that it is my responsibility to ensure that all required academic records (transcript/s) are sent to Rider.</p> <p>Visiting Students are required to obtain a Rider photo I.D. and a valid parking decal.</p> <p>I understand that the \$50 application fee is not refundable and will be added to my student account if not accompanying this application.</p> <p><i>I certify that the information I have provided is accurate to the best of my knowledge. I will abide by all rules of Rider University.</i></p> <p>_____</p> <p><i>Date</i></p> <p>_____</p> <p><i>Signature</i></p>

Return the completed application by email to ccs@rider.edu, by fax to 609-896-5261, or by mail to:

Rider University College of Continuing Studies
2083 Lawrenceville Rd • Lawrenceville, NJ 08648
ccs@rider.edu • www.rider.edu/ccs