WARNER
SCHOOL OF EDUCATION
UNIVERSITY of ROCHESTER

# NON-MATRICULATED GRADUATE REGISTRATION FORM

TERM: ☐ Fall ☐ Spring ☐ Summer YEAR: 20____

✶✶✶*PLEASE PRINT* ***LEGIBLY*** ✶✶✶

Student ID#: | | | | | | | | | Name: Last | First | Middle | Suffix

✶*or*✶ SS#: | | | | | | | | | |

Today's Date: 12/4/07

## PERSONAL INFORMATION

Address during term: ☐ Change?
Street Address | City | State | Zip Code | Country (if other than U.S.)

E-mail: | Birthdate: (MM/DD/YY) | Sex: ☐F ☐M

Daytime Phone: | Evening Phone:

Emergency Contact: | Relationship:

Daytime Phone: | Evening Phone:

Do you have tuition benefits? ☐Yes ☐No Employer Name:

## CITIZENSHIP INFORMATION (Required for government reporting)

**Non-U.S. Citizens:**

Citizen of what country? _____

Type of visa? _____

(If IM, please indicate ethnicity→→)

Are you a permanent U.S. resident?

☐Yes ☐No

**U.S. Citizens ONLY:**

What is your ethnic heritage? (☑ one)

☐ Asian, Indian or Pacific Islander
☐Native American or Alaskan Native
☐ Black/African American
☐ Hispanic: ☐Puerto Rican ☐Mexican American ☐Other Hispanic
☐ White/Caucasian ☐Other

What was your state of legal residence when first admitted to UR?

☐NY ☐Other _____

If New York, what county? _____

## EDUCATIONAL HISTORY

Have you attended the University of Rochester before? ☐Yes ☐No If yes, last date of attendance: _____

What is the highest degree you have *completed*?

☐ Associate's Degree ☐ Master's Degree
☐ Bachelor's Degree ☐ Doctoral Degree

In what area was the degree (if applicable)? _____

Do you plan to matriculate? ☐Yes ☐No If YES, where? ☐Warner School
☐Other University school _____

## COURSE REGISTRATION(S) (If *other than Warner course (ED, EDF or EDU)*, instructor must sign in Instructor's Name box.)

DISCLAIMER: The Warner Graduate School ***in no way warrants*** that courses completed while of non-matriculated status, without ***documented*** advisement, shall be considered as valid coursework toward any degree at the University of Rochester.

| CRN | Subject Area | Course Number | Audit? Yes | Audit? No | Credit Hours | Course Title | Instructor's Name (as on Course Schedule) |
|---|---|---|---|---|---|---|---|
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