

University of Rochester School of Nursing NON-MATRICULATED REGISTRATION FORM

TERM: Fall Spring Summer YEAR: 20____

Student ID#: Name:
Last First Middle Suffix

or SS#: Today's Date:

PERSONAL INFORMATION

Address during term:
Street Address City State Zip Code

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:	U.S. Citizens ONLY:	
Citizen of what country? _____ Type of visa? _____ (If IM, please indicate ethnicity→→) Are you a permanent U.S. resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your ethnic heritage? <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic: <input type="checkbox"/> Native Hawaiian or Other -----Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	What was your state of legal residence when first admitted to UR? <input type="checkbox"/> NY <input type="checkbox"/> 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*? In what area was the degree (if applicable)?
 Associate's Degree Master's Degree _____
 Bachelor's Degree Doctoral Degree _____

Do you plan to matriculate at the UR SON? Yes No Do you have a R.N. license? Yes No

COURSE REGISTRATION(S)

CRN	Subject Area	Course Number	Audit?		Credit Hours	Course Title	Instructor Signature (if required)
			Yes	No			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete both the registration form and financial statement form, enclose payment or tuition waiver form, and return to:
 School of Nursing Registrar
 Box SON, 601 Elmwood Avenue
 Rochester, NY 14642
 (Helen Wood Hall 1-w126)
 Or via fax (585) 756-8299

