

NON-MATRICULATED (NON-DEGREE) STUDENT

Student ID Number:		SEMESTER .
Name:		
(Last)	(First)	(M.I.)
Address:		
(City)	(State)	(Zip Code)
(City)	(State)	(Zip code)
Charle if Applicable	PLEASE	COMPLETE
Check if Applicable Thomas Edison State College Student		2. Have you previously registered for undergraduate courses a Rowan University?
(Documentation Required)		∏YES
` '		If "YES", indicate last attendance:
BA / BS degree from Other College		Fall Spring Summer Year: 20
(Documentation Required)		3. # Credits taken at Rowan University:s.h.
(College)	(Degree)	4. Have you ever applied for admission to a degree or certification.
(Field)	(Year)	program at Rowan University?
(Tield)	(1cm)	□YES
Other:		If "YES", date application: Year: 20 Which program?
		5. Do you plan to apply for admission to a degree or certificate program at Rowan University?
s.h. requested		[]YES
		Which Program?
APPROVAL AS understand that permission to exceed the 24 s understand that permission to register as a no Rowan University either now or in the future. understand that by taking course work as a no	TO REGISTER for OS A NON-MATRICUL s.h. limit applies only for the n-matriculated (non-degree on-matriculated (non-	ented at the point of registration EVER 24 UNDERGRADUATE CREDIT(S) ATED (Non-Degree) STUDENT The specified semester and for the # s.h. approved below. Expected by student in no way suggests or implies that I will be admitted to Expected by student, there is no assurance that these credits will satisfy degree
niversity has the right to restrict access to certain	a 11.5 s.h. per semester. s or provide evidence of equin courses.	uivalency as determined by the instructor and department and that the
	s.h. limit does not guarantee	nrollment have been noted on this signed approval form. e my enrollment in any specific course or section AND "seats available" in a OPEN course.
Signature of Stude	nt	Date :
COMMENTS or Course Approval	s:	
Maximum # of cred	its approved	
Signature of Dean		Date