Non-Matriculated Graduate Student Registration Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | MM/DD/YYYY | Registration Term: | Term | Year: | YYYY | Have you attended the U of R before? | Choose |
|  |  |  |  |  |  |  |  |
| Last Name: | Enter text. | Birthdate: | MM/DD/YYYY | Gender: | Choose |
|  |  |  |  |  |  |
| First Name: | Enter text. | Middle Name: | Enter text. |
|  |  |  |  |
| Email: | Enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phone Number: | Enter text. |  | SS#: | Enter text. |

Address During Term

|  |  |  |  |
| --- | --- | --- | --- |
| Street: | Enter text. | City: | Enter text. |
|  |  |  |  |
| State: | Choose state. | Zip: | Enter text.  | Country: | Enter text. |

Emergency Contact Information

|  |  |
| --- | --- |
| Name: | Enter text. |
|  |  |
| Relationship: | Enter text. | Phone #: | Enter text. |

Citizenship Information

|  |  |  |
| --- | --- | --- |
| Are you a US Citizen or Permanent Resident? |  | Choose |
|  |  |  |
| US Citizens and Permanent Residents ONLY: |  | Non-US Citizens: |

|  |  |
| --- | --- |
| Are you Latino or Hispanic (including Spain)? (optional) | Choose |

Regardless of answer to prior question, select one or more of the following best describing you: (optional)

|  |
| --- |
|[ ]  American Indian/Alaska Native (including all Original Peoples of the Americas) |
|[ ]  Asian (including Indian subcontinent and Philippines) |
|[ ]  Black/African American (including Africa and Caribbean) |
|[ ]  Native Hawaiian/Other Pacific Islander (Original Peoples) |
|[ ]  White (including Middle Eastern) |

What is your state of legal residence?

|  |
| --- |
| Choose an item. |

If New York,

what county?

|  |
| --- |
| Choose an item. |

|  |
| --- |
| Citizen of what country? |
| Enter text. |
|  |  |
| Type of Visa: | Enter text. |
|  |  |
| Visa expiration date: | Enter text. |
|  |  |
| Permanent US Resident? | Choose |

If yes, please indicate ethnicity to the left.

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