



CABRINI COLLEGE

Visiting/Certificate*/Non-Matriculated Undergraduate Student Application

Please print clearly:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail Address: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ - _____ - _____ Birth Date: _____ Male _____ Female _____

Are you a United States Citizen? Yes _____ No _____

(If no, contact the international student advisor at 610-902-8555.)

Country of citizenship: _____

Country of birth: _____

Type of Visa or Alien Registration #: _____

How did you hear about Cabrini College? _____

Optional – for reporting purposes only – please check which applies to you.

African American or Black Caucasian Mexican American or Chicano
 American Indian or Alaskan Native Latin, South, or Central American or other Hispanic
 Puerto Rican Asian, Asian American, or Pacific Islander Other _____
(please specify)

Term/Year you wish to begin studies:

Fall Term Spring Term Summer I Term Year: _____
 Summer II Term Summer 12 week Term Winterim Term

Type of Non-Matriculated Student:

I am visiting and plan to transfer my Cabrini College credits to _____
(school/college/university name)

Submit this form to the Registrar's Office. (***At semester's end, remember to request your transcripts to be sent to your college.*** Visiting high school students should contact the admissions office at 610-902-8552.)

I have no degree aspirations at this time. (You must contact the Admissions Office once you have taken 12 undergraduate credits at Cabrini College.) Submit this form to the Registrar's Office.

I understand that I will be a non-matriculated part-time student at Cabrini College. If I wish to pursue a degree program or teacher certification or attend Cabrini College full-time (12 or more credits in any one semester), I will complete a degree application which is available in the Admissions Office.

Signature: _____ Date: _____