Fairleigh Dickinson University

ADULT & PART-TIME APPLICATION FOR UNDERGRADUATE ADMISSION

Complete this application if you are a U.S. citizen or permanent resident of the U.S. planning to enroll in day, evening, weekend or online classes on a part-time basis, or if you are an adult student 25 years of age or older. Submit your completed application with a \$50 nonrefundable application fee (payable to Fairleigh Dickinson University). Please type or print.

I. GENERAL INFORMATION

Last Name	First	Middle Initial		
Maiden Name (if applicable)				
Permanent Address				
City	County	County		
State/Province	Zip	Zip		
Home Phone ()	Business Phone (Business Phone ()		
Cell Phone ()	Email			
Social Security No	_ (Optional; last 4 digits only) Date of Birth	lonth Day Year		
Gender: \Box Male \Box Female	М	ionth Day Year		
• • • •	s only) estion, please indicate how you identify yourself sian 🛛 Black or African American 🗔 Native Hav			
	Position			
Business Address				
City Will you receive tuition reimbursement fro	State	Zip		
Are you a U.S. citizen? □ Yes □ No Are you a permanent resident? □ Yes □ N Alien Registration Number	No If yes , please provide your: Country of Citizenship			
Current military status: Active Duty F Branch of service: Air Force Army F E. Other Information Have you ever been convicted of a felony?	? □Yes □ No If yes, please complete the follo Reserves □ Veteran (prior service) □ Spouse or Coast Guard □ Marine Corps □ Navy □ Nate Yes (Please explain using a separate sheet of part required to withdraw from any secondary or part	dependent		
□ Yes (<i>Please explain using a separate sheet</i>		ost-secondary institution:		
II. ENROLLMENT INFORMATION (If you an Undergraduate Adult & Part-Time Admission	e unsure of your enrollment status or choice of de ns at 201-692-2551.)	gree program, call the Office of		
I am applying as:	□ Readmitted Student (Application fee is waived	d.) Dates of Attendance		
I plan to enter FDU: □ Fall 20 □ Spring 20	ner 20 🗆 Winter Session 20 🗆 Other			
My preferred campus is: \Box Metropolitan Campus (Teaneck, NJ) \Box	Florham Campus (Madison, NJ) 🛛 Online 🗍	Off-Campus Site		
I will enroll as: □ Degree-Seeking Student □ Non-Degre	e Student \Box For Credit Classes \Box Visiting St	tudent 🛛 Auditor (Non-credit)		

II. ENROLLMENT INFORMATION (continued)

I will attend:

□ Online \Box Full-time (12 credits or more) \Box Part-time (11 credits or fewer) \Box Dav □ Evening □ Weekend

Are you an FDU graduate? Yes No If yes, what was the degree earned and year of graduation?

(Application fee is waived for FDU alumni.)

Have you previously applied for undergraduate study at Fairleigh Dickinson University? Yes (Application fee is waived.) No If yes, what was the date of your application?

III. PROGRAM OF STUDY

 \Box I wish to enroll in the **Bachelor of Arts** in individualized studies, the University's non-traditional, four-year bachelor's program for adults. My intended area of specialization is:

□ I wish to enroll in a traditional, **four-year bachelor's degree** program. My intended major is:

□ I wish to enroll in the University's **two-year associate's degree** program for adults.

□ I am interested in receiving academic credit for experiential learning through portfolio assessment and/or examination and applying it to a four-year bachelor's degree and/or a two-year associate's degree program.

□ I am interested in the following accelerated program: (Check one.)

□ OUEST/Teacher Certification □ Pre-Chiropractic □ Pre-Dentistry □ Pre-Med

□ Pre-Optometry □ Pre-Pharmacy □ Pre-Physical Therapy □ Pre-Podiatry □ Pre-Veterinary

□ I wish to enroll in the following certificate program: _

IV. EDUCATIONAL HISTORY

Freshman applicants, full-time or part-time, must submit an official SAT or ACT test score. Students who are 25 years of age or older, or veterans who have graduated high school and served in any of the armed forces of the United States military for two years or more prior to their intended term of enrollment, are not required to provide an SAT or ACT score. The University reserves the right to request additional information and supporting documents and to require further assessments, including an interview or an internal assessment.

If applicable per the above, indicate test scores to be submitted.

 \Box SAT test scores

 \Box ACT test scores

If you are applying for admission to a degree program, please submit an official transcript from all colleges, universities, technical or professional schools previously attended. If you have not previously attended college or have fewer than 24 transferable credits, please submit an official high school transcript or a copy of your General Equivalency Degree (GED) with score sheet.

Nondegree students must submit an unofficial transcript from high school or equivalent or college/university attended.

If you have not attended college, list the high school you attended and date of graduation:

School Name			City, State, Zip		Date of Graduation			
If you did not receive a high school diploma, have you earned a GED? 🛛 Yes 🖓 No								
Please list any college, university, technical or professional schools you attended:								
School Name	City/State	Credits Earned	Dates Attended					
				from	to			
				from	to			
Are you a memb	har of Dhi Thata	Kanna? Vos (Atta	ch a conv of the membership certificate)					

Are you a member of Phi Theta Kappa? \Box Yes (Attach a copy of the membership certificate.) \Box No

READ CAREFULLY AND SIGN

I certify that the information on this application is complete and correct and I authorize the University to verify the information provided. I agree to notify the Admissions Office of any changes in the information provided. The University reserves the right to deny admission and matriculation to any applicant who, in the judgment of the University, is not qualified, may not benefit from the University's educational programs or whose presence or conduct may impact negatively on its program(s). Students applying for admission to the University agree to abide by all the rules and regulations now or hereafter promulgated by the University. Any student failing to comply with such rules and regulations is subject to their application being rejected, offer of acceptance being rescinded, enrollment being cancelled or other appropriate disciplinary actions. Submission of false information, in this application or otherwise, is deemed a violation of University rules and regulations. The signing of this application constitutes an agreement on the part of the student that they understand, agree to be bound by, the foregoing.

Signature of Applicant

Fairleigh Dickinson University is committed to providing equal opportunity to all qualified persons and does not discriminate on the basis of race, religion, creed, national origin, sex, disability, age, sexual preference, sexual orientation, marital status, military status or veteran's status with regard to recruitment, admission or matriculation.

Return the completed application along with the \$50 nonrefundable application fee to Office of Undergraduate Adult & Part-Time Admissions, Fairleigh Dickinson University, 1000 River Road, H-DH3-10, Teaneck, NJ 07666. For information, call 201-692-2551. Our fax number is 201-692-7305.

Date