Non-Matriculated Graduate Student Application 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.

🡨 🡨 🡨 🡨 🡨 🡨 🡨 🡨 🡨 🡨 🡨 🡨 🡨 🡨

**Submit to** [registrar@rochester.edu](mailto:registrar@rochester.edu)