

# Undergraduate Student Application

## Visiting / Certificate / Non-matriculated



# CABRINI

UNIVERSITY

To apply to Cabrini as a non-matriculated part-time student, please save this form, complete and sign, and drop it off in person or send to:

Cabrini University Registrar, Grace Hall, Cavalier Express Center  
610 King of Prussia Road  
Radnor, Pennsylvania 19087-3698

*This information is sensitive and should not be faxed.*

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email \_\_\_\_\_ Phone \_\_\_\_\_  
Birthdate \_\_\_\_\_ Gender: Male  Female

Are you a U.S. citizen? Yes  No  If "No," complete a, b, and c. If "Yes," skip a, b, and c.

- a. Country of Citizenship \_\_\_\_\_
- b. Country of Birth \_\_\_\_\_
- c. Type of Visa or Alien Registration Number \_\_\_\_\_

### Racial/Ethnic Information (optional and for reporting purposes only)

- |  |  |
|--|--|
| African American / Black <input type="checkbox"/>                  | Mexican American / Chicano <input type="checkbox"/>                          |
| Asian / Asian American / Pacific Islander <input type="checkbox"/> | Latin, South, or Central American or Other Hispanic <input type="checkbox"/> |
| American Indian / Alaskan Native <input type="checkbox"/>          | Biracial <input type="checkbox"/>  |
| Puerto Rican <input type="checkbox"/>                              | Caucasian <input type="checkbox"/>   |
| Other Ethnicity _____  |  |

Term you wish to begin studies:

Fall  Spring  Summer I  Summer II  Summer 12-week  Winterim  Year \_\_\_\_\_

Course Requested (ID and Title) \_\_\_\_\_  
Credits \_\_\_\_\_ Class Day/Time \_\_\_\_\_

Course Requested (ID and Title) \_\_\_\_\_  
Credits \_\_\_\_\_ Class Day/Time \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_