



SPECIAL APPLICATION FOR SELECT STUDENTS

APPLICATION PERSONAL INFORMATION

Last Name			First	Middle		Social Security Number		
Preferred First Name			Birth Date		Age			
Street Address		City		Zip		High School		Anticipated Grad. Date
Cell Phone			Home Phone			High School Year (Fr./Soph./Jr./Sr.)		
Email								
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female								
Race/Ethnic Group: <input type="checkbox"/> African American (not of Hispanic origin) <input type="checkbox"/> Hispanic								
<input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian								
<input type="checkbox"/> Alaskan Native <input type="checkbox"/> White (not of Hispanic origin)								
Have you completed any courses at Rowan University? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, which one(s):								

COLLEGE COURSE(S) RECOMMENDED BY HIGH SCHOOL GUIDANCE COUNSELOR

DEPT.	COURSE NO.	SECTION	LOCATION	COURSE TITLE	INSTRUCTOR	CREDIT	DAY	TIME
TOTAL CREDITS								

PRINT High School Guidance Counselor/Principal Name _____

Signature _____ Date _____

My signature on this form affirms an intention to attend the courses listed above. I acknowledge that my actions create a financial obligation to the college and I agree to pay all applicable charges by the due date established by the college. I understand and accept that my responsibility cannot be relinquished unless and until I complete an official withdrawal prior to the first day of the semester/term.

Student Signature _____ Date _____

Parent/Guardian Signature _____

Relationship _____ Date _____