

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 \$40 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 _____

State/Province _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____

Cell Phone (_____) _____ Email _____

Social Security No. _____ (Optional; last 4 digits only) Date of Birth _____

Month Day Year

Gender: Male Female

A. Ethnicity (Optional; for statistical purposes only)

1. Are you Hispanic/Latino? Yes No

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more.)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

B. Employment Information (Optional)

Employer _____ Position _____

Business Address _____

City _____ State _____ Zip _____

Will you receive tuition reimbursement from your employer? Yes No

C. Citizenship Information

Are you a U.S. citizen? Yes No

Are you a permanent resident? Yes No If yes, please provide your:

Alien Registration Number _____ Country of Citizenship _____

D. Veteran Status

Are you a member of the U.S. armed forces? Yes No If yes, please complete the following:

Current military status: Active Duty Reserves Veteran (prior service) Spouse or dependent Separated

Branch of service: Air Force Army Coast Guard Marine Corps Navy National Guard

E. Other Information

Have you ever been convicted of a felony? Yes (Please explain using a separate sheet of paper.) No

Have you ever been suspended, expelled or required to withdraw from any secondary or post-secondary institution?

Yes (Please explain using a separate sheet of paper.) No

II. ENROLLMENT INFORMATION (If you are unsure of your enrollment status or choice of degree program, call the Office of Undergraduate Adult & Part-Time Admissions at 201-692-2551.)

I am applying as:

First-time Student Transfer Student Readmitted Student (Application fee is waived.) _____

Dates of Attendance

I plan to enter FDU:

Fall 20____ Spring 20____ Summer 20____ Winter Session 20____ Other _____

My preferred campus is:

Metropolitan Campus (Teaneck, NJ) Florham Campus (Madison, NJ) Online Off-Campus Site _____

I will enroll as:

Degree-Seeking Student Non-Degree Student For Credit Classes Visiting Student Auditor (Non-credit)

continued

II. ENROLLMENT INFORMATION *(continued)*

I will attend:

Full-time (12 credits or more) Part-time (11 credits or fewer) Day Evening Weekend Online

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

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.)*

QUEST/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.

SAT test scores _____ 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 member of Phi Theta Kappa? Yes *(Attach a copy of the membership certificate.)* 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 _____ Date

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 \$40 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.