



Undergraduate Student Application Visiting / Certificate / Non-matriculated

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

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; for reporting purposes only)

___ African American/Black ___ Mexican American/Chicano
___ Asian/Asian American/Pacific Islander ___ Latin, South, or Central American or Other Hispanic
___ American Indian/Alaskan Native ___ Biracial
___ Puerto Rican ___ Caucasian ___ 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 _____

By signing this registration form, I accept the responsibility for payment of all tuition and fees for these courses by the due date. I understand the refund and payment policies printed in the University's catalog and handbooks of which I have a copy. I authorize Cabrini University under its guidelines and procedure to enforce all their non-payment policies. I agree to be responsible for all late fees, collection fees, and attorney fees with failure to pay all tuition and fees incurred.

Student Signature _____ Date _____