

Mail-In Registration Form

(For use by part-time Visiting Students)

Please note: This form is **NOT** to be used for Add/Drop.
This form must be accompanied by proper tuition and fees.

THE LEADER IN GLOBAL EDUCATION



**FAIRLEIGH
DICKINSON
UNIVERSITY**

Please complete this form and return it to the Admissions Office with the \$40 nonrefundable application fee.

Soc. Security # _____ Date of Birth _____

Name _____

Street Address _____

City _____ State _____ ZIP _____

Day Phone # _____ Cell Phone # _____ E-mail _____

Undergraduate _____ Graduate _____

Semester (✓check one)

Summer I 20__ Summer II 20__ Summer III 20__

Check campus: Metropolitan Campus College at Florham Wroxtton, Vancouver
(Send application to Metropolitan Campus address below.)

COURSE # & SECTION	DAY(S)/TIME	NAME OF COURSE	NO. OF CREDITS

Admissions Signature _____ Total Credits _____

For information pertaining to tuition, fees, payment options, withdrawals, etc.,
visit <http://inside.fdu.edu> and click on the Enrollment Services link.

FDU reserves the right to cancel a scheduled class where enrollment is insufficient.

STUDENT SIGNATURE _____

DATE _____

Mail application to: Fairleigh Dickinson University
Metropolitan Campus
1000 River Rd., H-DH3-10
Teaneck, NJ 07666
(201) 692-2551

Fairleigh Dickinson University
College at Florham
285 Madison Ave., M-MS1-03
Madison, NJ 07940
(973) 443-8900

AUTOMATIC TRANSCRIPT FORM

Fairleigh Dickinson University will forward one transcript to your college or university without charge. Additional copies are \$5 each.

Student Name _____ Soc. Security # _____

Name of College or University _____

Name of office to receive transcript _____

Address _____

City _____ State _____ Zip _____