

Mail-In Registration Form

(For use by part-time Visiting Students)

Please note: This form is **NOT** to be used for Add/Drop.

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 # _____ E-mail _____

Undergraduate _____ Graduate _____

Semester (✓ check one)

Fall 20__ Winter Session 20__ Spring Summer I Summer II Summer III

Check campus: Metropolitan Campus College at Florham

COURSE # & SECTION

DAY(S)/TIME

NAME OF COURSE

COURSE # & SECTION	DAY(S)/TIME	NAME OF COURSE

Total Credits _____

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

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 _____ SS# _____

Name of College or University _____

Name of office to receive transcript _____

Address _____

City _____ State _____ Zip _____