Application for Professional Enrichment, Visiting or Non-degree Graduate Student

Return form to: Graduate Programs, Cabrini College, 610 King of Prussia Rd., Radnor, PA 19087-3698. Phone: 610-902-8500. Fax: 610-902-8522. Graduate Programs is located in the Academic Affairs Office on the first floor of Grace Hall, Room No. 135.

Check one:
- ❑ **Professional Enrichment (such as teacher continuing education)**
- ❑ **Visiting Student (intent to transfer credits to another institution)**
- ❑ **Non-degree Student (simply taking a class or classes; six-credit maximum)**

NAME/ Last: ____ _____ **First:** _____ **Middle:** _____ **Maiden:** _____

ADDRESS/Street: _____ **City:** _____ **State:** _____ **Zip Code:** _____

County: _____ **Country (if other than U.S.):** _____ **_Date of birth:** _____

Gender: ❑ **Male** ❑ **Female** **Soc. Sec. No. (required):** _____ **Email address:** _____

Best phone to reach you: _____ **Alternate phone number:** _____

Are you a U.S. citizen: ❑ **Yes** ❑ **No** **If not, what is your country of citizenship:** _____

Your country of birth: _____ **Type of visa:** _____ **TOEFL score (if available):** _____

EMERGENCY CONTACT/Name: _____ **Relationship to applicant:** _____

Phone numbers: _____ **Email address:** _____

ADDRESS/Street: _____ **City:** _____ **State:** _____ **Zip code:** _____

Undergraduate degree and major(s): _____ **Institution:** _____ **Graduation year:** _____

Earliest semester of enrollment: ❑ **Fall** ❑ **Spring** ❑ **Summer I (mid-May – June)** **Summer II (July – mid-August)** **Year:** _____

For Visiting Students, only, to what institution do you plan to transfer Cabrini credits: _____

Cabrini College seeks to draw students from all ethnic groups. Please check one of the following:

❑ **Hispanic or Latino** ❑ **American Indian or Alaska native** ❑ **Asian**

❑ **Black or African-American** ❑ **Native Hawaiian or other Pacific Islander** ❑ **White**

What prompted you to contact Cabrini? ❑ **Radio ad** ❑ **Newspaper ad** ❑ **Post** card ❑ **Letter**

❑ **Cabrini website** ❑ **Web search** ❑ **Email** ❑ **Cabrini alum** ❑ **Word of mouth** ❑ **Other**

Cabrini College, as an Equal Opportunity Employer, is committed to the principle of equal employment and educational opportunity for all qualified persons and does not discriminate against faculty, staff, or students in the operation of any of its programs and activities because of race, color, religion, sex, age , national origin, handicap, or disability that does not interfere with performance of the essential functions of the job (with or without reasonable accommodation, if any), veteran status, or marital or parental status. Contact the affirmative action officer at 610-902-8206 for further information. For information about support services for students with learning or other disabilities, contact the coordinator of disability support services at 610-902-8572.

Certification: I certify that this information is true and complete to the best of my knowledge. Falsification of information on this application could invalidate acceptance and enrollment or be grounds for dismissal from the College. I authorize any schools or colleges I have previously attended to release my personal and academic information to Cabrini College representatives. I understand that this application permits me to take two graduate courses (six credits) as a non-degree or visiting, part-time graduate student at Cabrini College. I understand that if I choose to apply for a degree or certification program at a later date I am not guaranteed admission nor are the courses taken at Cabrini guaranteed to transfer into a program to which I will apply. I attest that I have graduated in good standing with a bachelor's degree from an accredited institution. I also understand that to qualify as a professional enrichment student, who can take unlimited credits, I must supply a copy of my state certification form.

I agree with this certification/Signature: _____ **Date:** _____