

College of Public Health

Instructions: To register for classes as a non-degree student, complete this form and along with it submit unofficial transcripts from all universities attended. This application and your transcripts should be sent to the College of Public Health Office of Admissions through <https://tusafesend.temple.edu>. Once you are in TUSafesend, you will "drop off" your application and transcripts to: cph@temple.edu

Temple University requests your Social Security number (SSN) because federal, state, and local law require the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/getdoc.asp?policy_no=04.75.11).

1. Social Security Number _____ - - _____ 2. Country of Citizenship _____

3. Full Legal Name _____
LAST/SURNAME/FAMILY NAME FIRST MIDDLE INITIAL

4. Prior Name(s) Used (if any) _____ 5. Date of Birth _____
MONTH/DAY/YEAR

6. Gender* Male Female Other _____ Prefer not to disclose

7. Ethnicity* a. What is your ethnicity? Hispanic/Latino **Not** Hispanic/Latino
 b. Which race(s) do you consider yourself? American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

** Provision of the information in questions 6 and 7 is voluntary and will not affect consideration of your application. Responses are solely for assessing compliance with civil rights laws.*

8. Permanent Address _____
NUMBER & STREET CITY STATE ZIP CODE

COUNTRY AREA CODE & TELEPHONE NUMBER (Home Cell Office) EMAIL

9. Current Mailing Address (if different from permanent) _____
NUMBER & STREET CITY

STATE ZIP CODE COUNTRY AREA CODE & TELEPHONE NUMBER (Home Cell Office)

10. Chronological List of ALL Colleges and Universities Attended, including Temple University

NAME	LOCATION	MAJOR	DATES ATTENDED	DEGREE AWARDED

11. Term Applying for: Fall Spring Summer Year _____

12. What courses do you wish to pursue within Temple's College of Public Health? Please list course numbers.

13. Do you intend to apply for a degree program at Temple University No Yes If yes, which program? _____

STATEMENT OF LEGAL RESIDENCE:

Country of Citizenship: _____

U.S. Permanent Resident? Yes No

U.S. State of Legal Residence _____

If you claim Pennsylvania residency, will you have resided in Pennsylvania for 12 consecutive months preceding entry into Temple? Yes No

If you claim Pennsylvania residency, have you been a student at any time during the past 12 months? Yes No

If yes, what school, college, or university did you attend and where?: _____

If currently in military service, are you assigned to active duty at a military installation in Pennsylvania? Yes No

If you are related to a military person assigned to active duty in Pennsylvania, indicate whether you are a: Spouse Dependent

If you are a veteran and would like to receive information on support services for veterans, please check this box:

I am now, and have been since _____ (month/year), a legal resident of the state of _____.

ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING STATEMENT:

I understand that Temple University admissions personnel will have access to my Temple University student record and that withholding requested information or giving false information will make me ineligible for admission to the University and subject to dismissal if admitted. With this in mind, I certify that the above statements are correct and complete and, if admitted, I agree to abide by the published policies, rules, and regulations of Temple University. I further understand that from the time I file my application with the Graduate School, it is my responsibility to know all of the rules, requirements, and exemptions for my intended degree program. In the event that I am not admitted into the degree program for which I hereby apply, I understand that I will not be entitled to any tuition refund for any courses taken while my application was under consideration.

Signature: _____

Date: _____