



RICE UNIVERSITY
OFFICE OF THE REGISTRAR • 116 ALLEN CENTER

<i>For Office Use Only</i>
Posted By: _____
Date Posted: _____

Application and Registration Form for Visiting Students

Student Personal Information

Student ID (if any): _____ Name: _____
Last Name First Name M.I.

Email: _____ Home Phone: _____ Mobile Phone: _____

Previous Last Name (if any): _____ Social Security Number: _____ - _____ - _____ Birth Date: _____

Gender: Male Female Not Reported Ethnicity: _____ Citizenship: _____

Student Address Information

Permanent Address (mandatory):

Address Line 1: _____ Address Line 2: _____

City (or equivalent): _____ State/Province (or equivalent): _____ Zip (or equivalent): _____

Country: _____

Local/Mailing Address (Optional, unless you are an International Student):

Address Line 1: _____ Address Line 2: _____

City: _____ State: _____ Zip: _____

Course Selection Worksheet

CRN	DEPT	CRSE	A: Audit P/F: Pass Fail S: Standard X: Sat/Unsat	CRD	Instructor's Signature	Cashier's Approval (ALL)	RGS Approval (TEA, VG, C3)	Admissions Approval (DUAL, VS)
10043	PSYC	101	A	3	**EXAMPLE**			

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<input type="checkbox"/> Alumni Auditor (AA)	<input type="checkbox"/> Dual Enrollment (DUAL)	<input type="checkbox"/> Visiting Graduate (VG)
<input type="checkbox"/> Auditor (AUD)	<input type="checkbox"/> Staff (ST)	<input type="checkbox"/> Class III (C3)
<input type="checkbox"/> Professional Development Teacher (TEA)	<input type="checkbox"/> Visiting Undergrad (VS)	<input type="checkbox"/> Visiting UG - UH/St. Thomas (VSUH/VSST)

Student Signature _____

Date _____