



# Rowan College at BURLINGTON COUNTY

## SPECIAL APPLICATION FOR SELECT STUDENTS

### APPLICANT PERSONAL INFORMATION

Social Security Number \_\_\_\_\_

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Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

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Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ High School \_\_\_\_\_ Anticipated Grad. Date \_\_\_\_\_

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Telephone \_\_\_\_\_ High School Enrollment Year (Fr./Soph./Jr./Sr.) \_\_\_\_\_

Gender  Male  Female

Race/Ethnic Group:  Black/African American  Hispanic  
 Asian/Pacific Islander  American Indian/Alaskan Native  
 White/not of Hispanic Origin

Have you completed any courses at Burlington County College or Rowan College at Burlington County?  Yes  No

If yes, which one(s): \_\_\_\_\_

### COLLEGE COURSE(S) IN WHICH YOU PLAN TO ENROLL

Indicate Semester/Term you plan to enter:  Fall  Spring  Summer Session I  Summer Session II

DEPT.	COURSE NO.	SECTION	LOCATION	COURSE TITLE	INSTRUCTOR	CREDIT	DAY	TIME
<b>TOTAL CREDITS</b>								

My signature on this form affirms an intention to attend the courses listed above. I acknowledge that my actions create a financial obligation to the college and I agree to pay all applicable charges by the due date established by the college. I understand and accept that my responsibility cannot be relinquished unless and until I complete an official withdrawal prior to the first day of the semester/term.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_

### HIGH SCHOOL OFFICIAL AUTHORIZATION

Recommended by Guidance Counselor or Principal \_\_\_\_\_ Indicate College Credit Course(s) Recommended \_\_\_\_\_

PRINT Guidance Counselor/Principal Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_