

Applicant Information

Social Security Number: _____

(only required if planning to apply for financial aid or for tax credit verification)

Legal Last Name _____

First Name _____ M.I. _____

Previous or Former Name (if applicable) _____

U.S. Street Address _____

City _____ State _____ ZIP Code _____

U.S. Phone _____ Cell Phone _____

Email _____ Date of Birth _____ / _____ / _____

Citizenship

Non-Resident Alien: Please indicate Type of Visa: _____

(Non-resident aliens need to complete additional forms. Please contact the Director of Admissions at 856-200-4670)

Home Country Address: _____ Home Country Telephone Number: _____

Country of Citizenship: _____ Country of Birth: _____

Language Spoken at Home: _____ English Proficiency (check): Yes or No

Official Language of Business: _____

Visa Information: *(Complete this information only if you are in the US on a visa)*

Visa Status: _____

Name of Current School: _____

Address of School: _____

International Advisor: _____

Passport Information:

Passport Issued by what Country: _____

Passport Number: _____ Expiration Date: _____

Sponsor Information:

Last: _____ First: _____ Middle: _____

Address of Sponsor: _____

Telephone Number of Sponsor (Home): _____ (Work): _____

Relationship to Student: _____

Education

High School(s) Attended

Name of High School City State Month/Year of Graduation

Name of High School City State Month/Year of Graduation

College(s) Attended

School Name City/State Month/Year

School Name City/State Month/Year

School Name City/State Month/Year

Admission Intent

I will attend full-time (12 credits or more) fall 20____ (September – December) spring 20____ (January – May)

Check a sport listed below if you are interested in athletics while attending Rowan College of South Jersey – Cumberland Campus.
Your response:

- Baseball Softball Tennis Track & Field
 Basketball Soccer Cross Country Wrestling Volleyball

Demographic Information (optional)

Both the State and Federal Governments periodically require that we submit information on characteristics of our students. Your response to this section is **voluntary** but will help us in implementing our affirmative action policy. RCSJ is an equal opportunity institution. This information does not affect admission or placement.

Gender: Male Female Other

Ethnicity/Race:

a. Do you consider yourself to be Hispanic/Latino? Yes No

b. In addition, select one or more of the following racial categories to describe yourself:

- American Indian/Alaska Native Black or African American Native Hawaiian or Pacific Islander
 Asian White

c. Is English your first language? Yes No

Cumberland Programs of Study

Please go to <https://rcsj.edu/Degrees> for the most current list of programs and certificates offered at the Cumberland Campus.

Please Note: If you are applying as a full-time student or intend to apply for Financial Aid, you must choose an Associate Degree or Certificate Program.

Program of Study Selected: _____

Outreach Notification

RCSJ may wish to contact you by phone, email and/or text message for outreach notification regarding recruitment and registration events. While outreach notifications are highly recommended, they are optional.

I wish to be contacted for recruitment and registration events using the following methods:

Phone Email Text Message

I certify that all information on this application is true and complete.

Applicant's

Date

Procedures for Admission

- Complete and submit this application to: **Office of Admissions, Cumberland Campus, Rowan College of South Jersey 3322 College Drive, Vineland, NJ 08360**
- If you graduated from high school or college, have a copy of your official transcript(s) sent to the Office of Admissions. (If you have college degree, high school transcripts may not be required, based on your program of study).
- If you possess High School Completion Credentials from one of three approved tests (TASC, HiSET, GED), send a copy of your test scores to the Office of Admissions to complete your admissions application.
- Immunization Requirement: New Jersey State law (N.J.A.C18A:61D-1 to 10) requires every student who is enrolled full-time in a program of study leading to an academic degree to submit a valid immunization record, to the Office of Admissions.
- **Complete Application Process Steps and Checklist (rcsj.edu/International/Cumberland#).**

Clery Statement

The security of all members of the campus community is of vital concern to Rowan College of South Jersey (RCSJ). In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act, an Annual Security Report (ASR) containing information regarding campus security programs, recommended personal safety practices, the authority of the campus Safety and Security Officers, campus crime statistics for the most recent three-year period and College policies concerning disciplinary procedures, sexual assault harassment, etc. can be found online at <https://www.rcsj.edu/Security/Cumberland> or a hard copy may be requested from the Office of Safety and Security at 856-200-4777.

Affirmative Action and Equal Opportunity

The Board of Trustees is committed to providing a work and academic environment that maintains and promotes affirmative action and equal opportunity for all employees and students without discrimination on the basis of certain enumerated and protected categories. These categories are race, creed (religion), color, national origin, nationality, ancestry, age, sex (including pregnancy and sexual harassment), marital status, domestic partnership or civil union status, affectional or sexual orientation, gender identity or expression, atypical hereditary cellular or blood trait, genetic information, liability for military service, or mental or physical disability, including AIDS and HIV-related illnesses. For questions concerning discrimination, contact Nathaniel Aldridge J., Diversity and Equity/Title IX/Compliance at 856-200-4712 or naldridge@rcsj.edu. For disability issues, contact Meredith Vicente, Senior Director of DSS at 856-200-4686

Application revised 9/21



Immunization Record Form

New Jersey State law (N.J.A.C.18A:61D-1 to 10) requires every student who is enrolled full time in a program of study leading to an academic degree to submit a valid immunization record which documents the administration of all required vaccinations — two injections of Measles, Mumps and Rubella (MMR) to be given 30 days apart; and the Hepatitis B vaccine given in a series of three doses within nine months of attendance, as a condition of continued attendance at that institution, in accordance with regulations promulgated by the State Department of Health.

INSTRUCTIONS FOR COMPLETING IMMUNIZATION FORM: Please have your physician complete the required information or provide a copy of health records signed by a physician.

Please check below if the following exemption criteria pertains to you:

- You were born before 1957. Proof of birth date (a copy of driver’s license, passport, or birth certificate) **MUST** accompany this form.
- Religious exemption. You **MUST** provide a written signed statement explaining how the administration of an immunizing agent conflicts with your religious beliefs
- Medical exemption. You are exempt if you present a written signed statement from a physician stating that immunization is medically contraindicated for a specific period (the expiration date for the period must be stated and failing to be immunized thereafter will preclude further enrollment) and setting forth the reason(s) for the medical contraindication.

If exempt, this form must be submitted back to the Admissions Office. Please attach proof of medical or non-medical exemption. Mail or deliver this entire form to the RCGC Office of Admissions prior to the beginning of the semester.

Student Name (Last, First, Middle Initial)		Student Identification Number	
Telephone Number		DOB:	Last 4 Digits of SS#
Vaccine	Date of 1st Dose	Date of 2nd Dose	Date of 3rd Dose
MMR			n/a
Measles			n/a
Mumps			n/a
Rubella			n/a
Hepatitis B Series			
—OR— provide documented laboratory proof of MMR titer or a Hepatitis B titer if no date is recorded for immunizations.			
MMR Titer		Date	
Hepatitis B Titer		Date	
I certify the above-named student has received Measles, Mumps, Rubella and Hepatitis B vaccines as described above. The dates indicate when the immunizations were given.			
Name of Healthcare Provider _____			
Signature of Healthcare Provider _____		Date _____	