



Visiting Student Application Vancouver to New Jersey

Last Name: _____ First Name: _____ Student ID: _____

Program: _____ Major/Concentration: _____

E-mail: _____ Cell Phone: _____

Country of Citizenship: _____ Intended New Jersey Campus: Metro Florham

Intended Term at FDU New Jersey: _____

ADDRESS

Street: _____ Province/State: _____

Apartment #: _____ Country: _____

City: _____ Postal Code: _____

Reason for Request: _____

Request Permission to take the following Courses:

Table with 5 columns: SUBJECT & CATALOG NO, SECT, COURSE TITLE, DAYS & TIME, CR. Includes a TOTAL row at the bottom right.

Student's Signature

Date (mm/dd/yyyy)

Do you intend to reside "on campus" when visiting New Jersey? Yes No
If yes, please complete the housing request form and forward to the Director of Residence Life on the N.J. campus.
You must also complete appropriate medical forms and forward them to Student Health Services on the N.J. campus.

TO BE COMPLETED BY RECORDS OFFICE

Date: _____

CGPR _____ CUM. CREDITS _____ CHECKED BY: _____

AUTHORIZED SIGNATURES

Program Coordinator (Vancouver) Date
Director of Enrollment Services (Vancouver) Date
Director of Student Services (Vancouver) Date
Director of International Student Services (New Jersey) Date
Vice Provost for International Education (New Jersey) Date
Director/Associate Director of Enrollment Services (NJ) Date