

Applicant Information

Social Security Number: _____
(only required if planning to apply for financial aid or for tax credit verification)

Legal Last Name: _____

Legal First Name: _____ M.I. _____

Previous or Former Name (if applicable): _____

Preferred Name: _____

Check if address is outside of U.S. or Canada

Address: _____

City: _____ State/Province: _____ Zipcode: _____

Home Phone: _____ Preferred Yes No

Cell Phone _____ Preferred Yes No

Email: _____ Date of Birth _____/_____/_____

Residency Status: Cumberland Gloucester Out of County

Citizenship

Citizenship Status:

US Citizen Non-Citizen Permanent Resident Non-Resident Alien

Optional Ethnic Information

The information you provide in this section will not be used in a discriminatory manner.

Ethnicity/Race:

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

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

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

Additional Information

Gender: Male Female Other Prefer not to answer

Are you a Veteran, Spouse or Dependent of Veteran? Yes No

Birth Country: _____

Primary Language _____

Secondary Language: _____

Would you like to receive information regarding services for students with disabilities? Yes No

Academic Plans

Entry Term: fall 20____ (September – December) spring 20____ (January – May) summer 20____ (May – August)

Admit Type: First Time in College High School Student Non-Degree Re-Admit Transfer Visitor – Attend Other College

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: _____ Course Load Full-Time Part-Time

Educational Goal:

- To complete a RCSJ degree and obtain a job.
- To complete a RCSJ degree and transfer to another college
- To improve skills for my current job.
- To prepare for employment in a specific area.
- To pursue personal interests in specific areas.
- To transfer credits to another college (without completing a RCSJ degree).

Reason for Decision:

- Athletics
- Dual Credit Program
- Location
- Low Cost
- NJ Stars
- Recommendation of High School
- School Counts Scholarship

College Financial Plans

Are you applying for Financial Aid after completing and submitting this application? Will Apply Will Not Apply

Are you eligible for the School Counts! Scholarship? (Must have 4 SC! Certificates from your high school) Yes No

Are you eligible for NJSTARS? (Verified top 15% of your high school class) Yes No

Are you interested in applying for campus employment (Work Study)? Yes No

Would you like to receive your 1098-T electronically? Yes No

(Anyone who has consented to electronic delivery of their 1098-t will not receive a printed copy.)

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

Athletic Interest

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 Volleyball
 Basketball Soccer Cross Country Wrestling

Work Experiences

Are you currently employed? No/seeking work Employed full-time Employed part-time No/not seeking work

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.

Were you contacted by a ReUp Coach? Yes No

I wish to be contacted for recruitment and registration events using the following methods: Phone Email Text Message

Emergency Contact

First Name: _____ Last Name: _____

Phone Number: _____ Alternate Phone Number: _____

Do You Certify The Following Statements?

I understand that once my application is submitted it may NOT be altered in any way. If I wish to change my major or mailing address after submitting my application, I must go to the Enrollment Services Office (One-Stop) to complete the appropriate forms.

Yes No

I certify that all of the information submitted in this application is factually true. I certify that I reside permanently at the address given on the application, including the county, and have lived in the state of New Jersey for a period of no less than one year prior to and immediately preceding my registration at the College.

Yes No

I am aware that the information provided on this application may be used by state and federal agencies for statistical purposes.

Yes No

Post-Graduation Career Pathway

I authorize RCSJ to track my progress during my career pathway from college to university and/or employment for statistical reporting purposes. Yes No

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

Applicant's Signature

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**
- Immunization Have **official high school and/or college transcripts** sent to the Office of Admission. If you have 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.

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



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 RCSJ Office of Admissions prior to the beginning of the semester.

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|---|-------------------------|--------------------------------------|-----------------------------|
| 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 a <u>MMR</u> 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 _____ | |