



Thomas
Jefferson
University

Jefferson
College of
Graduate Studies

GRADUATE NON-DEGREE DATA FORM

Non-refundable initial enrollment fee of \$10 must be submitted with this form. Official undergraduate academic transcripts are also required.

Jefferson College of Graduate Studies
1020 Locust Street, M-60
Philadelphia, PA 19107-6799
Phone: (215) 503-4400
Fax: (215) 503-9920
E-Mail: jcgs-info@jefferson.edu
Web Address: www.jefferson.edu/jcgs

Semester of intended enrollment at TJU:

- Fall** (Sep) _____
 Spring (Jan) _____
 Summer (Jun) _____

EDUCATIONAL OBJECTIVE:

- Intend to Matriculate in:
_____ Program
 Professional Enhancement
 Non-Degree Enrollment Only

Name (Last, First, Middle initial)			Male <input type="checkbox"/>	Social Security #
			Female <input type="checkbox"/>	- -
Other Last, Family, or Surname that may appear on supporting documents:				Date of Birth (mo/da/yr)
Mailing Address (Street)				
City	State	Zip	Phone Number w/Area Code	
Permanent Legal Address (Street)				
City	State	Zip	Phone Number w/Area Code	
Employer (If TJU, list Department)				Work Phone Number
E-Mail Address				
Citizenship (Country)			Visa Type (If not US citizen)	

Response to this question is *optional* and is requested by the College in order to comply with statistical reporting to educational and regulatory agencies and with its responsibilities under federal and state laws dealing with affirmative action and equal opportunity:

- American Indian or Alaskan Native Asian Caucasian Other
 Asian - American (Pacific Islander, Philippines, Guam) African-American Hispanic

Previous Colleges Attended:	Campus/Location	Attendance		Field of Concentration	Degree Granted or Expected
		From	To		

Test Scores, if available (i.e., GRE, MAT, MCAT) Please indicate month and year that test was taken.

I certify that the information on this form is accurate.

Signature

Date