

Fairleigh Dickinson University

Certificate of Eligibility for Students Enrolled at Other Colleges

Please complete this form and return it to the Registrar's Office.

You must list the courses you wish to take and have them approved by an authorized officer of your college / university. If you plan to attend more than one semester, you must file a form for each semester.

Campus:
Florham - Madison Campus
285 Madison Avenue
Madison, NJ 07940

Term:
 Fall
 Spring

Year:

Date: _____
Social Security #: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: _____ **Date of Birth:** _____

Have you ever attended Fairleigh Dickinson University? Yes No

If yes, please give dates _____ **And Campus(es)** _____

List courses you will take at Fairleigh Dickinson University:

Dept.	Course Number	Section	Course Title	Days/Times	Cr.	Use*	Approved (yes/no)

* "USE": Mark each course with either an "MJ" (for use in major), "MN" (for use in minor), "GE" (for use to satisfy general education requirements), or "EL" (for use as elective credit).

Total Credits: _____

This certifies that the above student is in good academic standing and has permission to take the courses listed:

Signature of Advisor: _____ **Date:** _____
(required for courses to be used in the major or minor)

Signature of Department Chair: _____ **Date:** _____
(required for courses to be used in the major or minor)

Signature of Registrar: _____ **Date:** _____

Name and address of College: _____

Signature of Applicant: _____ **Date:** _____