



**Visiting Student Audit Form**  
**2015 - 2016 APPLICATION AND REGISTRATION**  
*Current Rice University students DO NOT need to use this form.*  
*For registration information, visit <http://registrar.rice.edu/>*

Please indicate your application category:

- ☐ Alumni ☐ Visiting Undergraduate ☐ Visiting Post Baccalaureate  
☐ Staff ☐ Other \_\_\_\_\_

**SECTION A | Demographic Information** *Please PRINT clearly.*

Name \_\_\_\_\_  
Last First Middle

Permanent Address \_\_\_\_\_  
Street/PO Box City State Zip

Local Mailing Address \_\_\_\_\_  
Street/PO Box City State Zip

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_  
*We will use the e-mail address you provide as the sole means of communication.*

Gender ☐ Female ☐ Male Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
MM/DD/YYYY

Place of Birth (City, State, Country) \_\_\_\_\_

Are you a U.S. Citizen? ☐ Yes ☐ No

If not a U.S. citizen, what is your visa type and status? \_\_\_\_\_  
*Rice does not sponsor visas for visiting student programs.*

**Ethnicity** *Information about your race or ethnicity is voluntary and will be used in a nondiscriminatory manner consistent with applicable civil rights law.*

- Are you Hispanic/Latino? ☐ Yes, Hispanic or Latino (including Spain) ☐ No  
*Please describe your background* \_\_\_\_\_
- Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:  
☐ American Indian or Alaska Native (including all Original Peoples of the Americas)  
Are you enrolled? ☐ Yes ☐ No If yes, please enter Tribal Enrollment Number \_\_\_\_\_  
*Please describe your background* \_\_\_\_\_  
☐ Asian (including Indian subcontinent and Philippines) *Please describe your background* \_\_\_\_\_  
☐ Black or African American (including Africa and Caribbean) *Please describe your background* \_\_\_\_\_  
☐ Native Hawaiian or Other Pacific Islander (Original Peoples) *Please describe your background* \_\_\_\_\_  
☐ White (including Middle Eastern) *Please describe your background* \_\_\_\_\_

Have you previously attended Rice University or Rice University? ☐ Yes ☐ No

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip

Day Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

**SECTION B | Course Registration** *List the course(s) you are interested in auditing.*

☐ Fall      ☐ Spring      ☐ Summer

CRN	DEPT	CRSE	CRD	Instructor's Signature	Registrar's Approval
10043	PSYC	101	3	<b>**EXAMPLE**</b>	

**SECTION C | Meningitis Vaccination Information**

To comply with Texas State law, effective January 1, 2014, Rice University requires all students under the age of 22 (as of the first day of classes) to be vaccinated against bacterial meningitis or to sign an affidavit declining vaccination.

**SECTION D | Acknowledgement**

I understand that there are no credit hours earned by auditing a course, and that auditing a course will not affect my GPA, and cannot be counted towards a degree.

I certify that the information provided on this application is accurate and complete, and acknowledge that any omission or inaccurate information could jeopardize my standing with the university.

I further certify that I desire to be registered as an auditor in the classes described above. I have obtained permission from the instructor of each requested class and will pay all necessary tuition and fees.

Signature\_\_\_\_\_ Date\_\_\_\_\_

Please submit this completed form to the Office of the Registrar:

Rice University  
Office of the Registrar, MS-57  
6100 Main Street  
Houston, TX 77005  
  
713-348-4999