



ROWAN-VIRTUA
School of
Osteopathic Medicine

REGISTRATION – FIRST YEAR – CLASS OF 2028 – FALL 2024

The data you provided will be used to update the university database. Responses to Gender, Birth Date, Ethnicity and Race are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of this application.

Legal Name: _____
Last First Middle

Preferred Name: _____
First Middle

How is your legal name pronounced? _____
Last First

University ID: 91 _____ Date of Birth: _____

Address where you are residing: _____ Apt _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Permanent Address (if different from address above): **IF YOU ARE A NJ RESIDENT FOR TUITION, YOU ARE REQUIRED TO MAINTAIN PERMANENT RESIDENCY IN NJ**

City: _____ State: _____ Zip Code: _____

Where do you want university mail sent? _____ Address where residing OR _____ Permanent Address

What City and State do you consider your "Home Town?" _____

Gender: Male _____ Female _____ Other _____

Ethnicity – Select one:

_____ Hispanic or Latino
_____ Not Hispanic or Latino

Race – Select one or more:

_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

US Citizen: Yes _____ No _____ If "No," Permanent Resident: Yes _____ No _____

Are you currently in the Armed Service? Yes _____ No _____

Are you a Veteran? Yes _____ No _____

If "Yes" to either, in which branch? _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

Signature: _____ Date: _____

BRING THIS FORM WITH YOU TO REGISTRATION ON MONDAY, JULY 15, 2024.