

Program in Continuing Education

Date of Application _____ Candidate for Fall Spring 20 _____

Course Information

What course(s) do you plan to take during your first semester at Princeton, if you are admitted as a Continuing Education student?

Department	Course Number	Professor
_____	_____	_____
_____	_____	_____

Personal Information

Name _____
Last (Family) First Middle

Social Security # _____ Date of Birth ____/____/____ Citizenship _____

Home Address _____
Street City State Zip

Home Telephone _____ Office Telephone _____

Cell Number _____ Email _____

Transcripts Being Sent:

Test Scores Being Sent:

Letters of Reference Requested:

Name _____

Name _____

Title _____

Title _____

Address _____

Address _____

University Affiliation

Please complete this section if you are a University employee, spouse, dependent or same-sex domestic partner of a University employee, or a retired employee, their spouse or same-sex domestic partner, or the spouse or same-sex domestic partner of a graduate student.

Current University Employee or Retired Employee

Department _____ Position _____

Date of Employment _____ Supervisor _____

Retirement Date _____ Supervisor's Telephone _____

University Employee's spouse, dependent or same-sex domestic partner, or the spouse or same-sex domestic partner of a retired employee or a graduate studentName of Employee/Graduate Student
_____Relationship to Employee/Graduate Student
_____Department of Employee/Graduate Student

Position _____ Campus Telephone _____

Educational BackgroundDo you have the equivalent of 2 full years of post-secondary education? Yes No

College(s)	Major Field	Dates of Attendance	Degree Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Post-Graduate Study	Major Field	Dates of Attendance	Degree Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Work Experience

Please complete this section or attach a resume. List your most recent work first. Include volunteer work.

Employer	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently a full-time K-12 teacher in the State of New Jersey? Yes No

If yes, please supply name and phone number of Employer/Principal _____

Achievements

List any additional information that would be helpful in evaluating your application (publications, research projects, scholastic honors, special interests).

Academic Plans

Why are you interested in the Program in Continuing Education at Princeton? Please check one.

- | | |
|--|--|
| <input type="checkbox"/> Career Advancement | <input type="checkbox"/> Continue Work on Degree |
| <input type="checkbox"/> Career Change | <input type="checkbox"/> Personal Enrichment |
| <input type="checkbox"/> Preparation for Grad School | |

Please explain your academic goals in detail or include a letter of academic intent:

If you are applying for one or more courses which specify a prerequisite or assume previous work please describe your preparation for the course(s):

If you plan to reapply as a Continuing Education student after your first semester, what course do you plan to take?

Department	Course Number	Professor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Over a period of how many semesters? _____

Do you plan to apply your course work in Continuing Education towards a future program or degree at another institution? If yes, fill in below.

Institution	Field	Degree
_____	_____	_____

All of this information is complete and accurate. I understand that the courses I take as a Continuing Education student will not count towards a degree at Princeton University.

Name _____ Signature _____
Please print