

Continuing Education or Graduate Student
CREDIT COURSE REGISTRATION & STUDENT CENSUS
 Records and Registration Office/State University of New York at New Paltz

OFFICE USE ONLY

Mail this form to:

Records and Registration Office
 State University of New York at New Paltz
 75 S. Manheim Blvd. Suite 5
 New Paltz, New York 12561-2439

Check appropriate box:

- Non-matriculated undergraduate
- Matriculated graduate student
- Non Matriculated graduate

Semester and Year:

- Summer I Fall
- Summer II Spring
- Year _____

REGISTRATION FORMS SENT BY MAIL MUST BE RECEIVED IN THE RECORDS & REGISTRATION OFFICE TWO WEEKS BEFORE THE START OF THE SEMESTER OR THEY WILL BE RETURNED UNPROCESSED.

PLEASE PRINT CLEARLY

_____ _____ _____ _____
Last Name *First Name* *MI* *Social Security Number*

Have you changed your name since last registration? No Yes Previous name _____

<p>Current Permanent Mailing Address:</p> <p>_____</p> <p><i>Apartment, number and street</i></p> <p>_____</p> <p><i>City/Town</i></p> <p>_____</p> <p><i>State</i> <i>Zip Code</i></p> <p>_____</p> <p><i>(Area Code) Telephone Number</i></p> <p>Please check here if this is a new address: <input type="checkbox"/></p>	<p>Current Local Mailing Address:</p> <p>_____</p> <p><i>Apartment, dormitory, number and street</i></p> <p>_____</p> <p><i>City/Town</i></p> <p>_____</p> <p><i>State</i> <i>Zip Code</i></p> <p>_____</p> <p><i>(Area Code) Telephone Number</i></p> <p>Please check here if this is a new address: <input type="checkbox"/></p>
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Is this your first registration at SUNY New Paltz? yes no *If yes, then you must fill out the other side of this form.*

Check box if you have been: A. Convicted of a felony B. Dismissed from a college for disciplinary reasons

DESIRED PROGRAM

Indicate below the courses you wish to take. Students must select classes which do not conflict in days and times.

WL	Course No.	Sec. No.	Course Title	RU	CR	M	T	W	H	F	Time	Off-Campus Location (if any)

TOTAL WORKLOAD DESIRED

ALTERNATE COURSES List alternate courses making sure that they fit in your schedule.

WL	Course No.	Sec. No.	Course Title	RU	CR	M	T	W	H	F	Time	Off-Campus Location (if any)

I understand any deliberate falsification or omission of data may result in dismissal. All information submitted is therefore true to the best of my knowledge.

Student's Signature _____

Is this your first registration at SUNY New Paltz?

Yes No What is the last semester attended? Semester _____ Year _____

MMR QUESTION/STATEMENT

Do you have a measles, mumps, rubella form on file with the Student Health Center at New Paltz? yes no
If no, contact the Health Center at 257-3400.

Indicate your high school experience (check appropriate box):

Graduated from high school in: Month _____ Year _____
 Received a high school equivalency diploma
 Currently enrolled in high school
 Not currently enrolled in high school and do not have a diploma

If you have attended another college(s), which one did you most recently attend before coming here?

Name of college _____ Location of college _____
It is a two-year four-year college. It is state supported private.

Please check each degree you have earned:

A A.A.S. D A.S. G Certificate of Advanced Study
B A.O.S. E Bachelor's _____(year) H Doctorate
C A.A. F Master's _____(year) J Other _____

Date of Birth: _____ / _____ / _____
Month Day Year

Sex: Male Female

Ethnicity:

1 White, Non-Hispanic 3 Hispanic 5 American Indian or Native Alaskan
2 Black, Non-Hispanic 4 Asian or Pacific Islander 6 Non-Resident Alien

Residence:

I have been a permanent resident of New York State for the last twelve months and of _____ County.
I am a permanent resident of a state or territory of the U.S. other than New York: _____

I am not a U.S. citizen. My country of citizenship is _____. My Visa type is:

71 Student (F-1 or I-20) 75 Visitor for Pleasure (B-2) 81 Political Refugee
72 Exchange Visitor (J-1) 80 Permanent Resident 78 Other _____

If you wish to identify yourself as a physically or learning disabled person, please contact the Disability Resource Center (SUB 205) 257-3020

Who to contact in case of an emergency:

Last Name First MI

Apartment, number and street

City/Town

State Zip Code

Parent Spouse
 Guardian Other _____

(Area Code) Home telephone number

(Area Code) Business telephone number