

Summer Session
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:

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

Session and Year:

- Summer I
- Summer II
- Year _____

THE NEW PALTZ WEB REGISTRATION SYSTEM IS AVAILABLE TO ALL STUDENTS WHO
 ARE CURRENTLY ENROLLED.

See instructions on Web registration in this schedule.

PLEASE PRINT CLEARLY

<i>Last Name</i>	<i>First Name</i>	<i>MI</i>	<i>Social Security Number</i>		

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

MMR QUESTION/STATEMENT
 Do you have a measles, mumps, rubeolla form on file with the Student Health Center at New Paltz? yes no
If no, complete MMR form in this schedule.

DESIRED PROGRAM

Indicate below the courses you wish to take. Students must select classes which do not conflict in days and times.
 See Registration Information for semester workload limits.

SUMMER SESSION 1

Course No.	Sec.	Course Title	CR
TOTAL CREDITS			

SUMMER SESSION 2

Course No.	Sec.	Course Title	CR
TOTAL CREDITS			

ALTERNATES:

Course No.	Sec.	Course Title	CR

ALTERNATES:

Course No.	Sec.	Course Title	CR

Registration forms sent by mail must be received in the
 Records & Registration office two weeks before the start
 of the session or they will be returned unprocessed.

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 _____

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 check the appropriate box below:

- | | | | |
|--|--|--|--|
| Mobility Impaired: | Visually Impaired: | Acoustically Impaired: | Other Impairments: |
| <input type="checkbox"/> Wheel chair | <input type="checkbox"/> Totally blind | <input type="checkbox"/> Totally deaf | <input type="checkbox"/> Learning disabled |
| <input type="checkbox"/> Other assistance device | <input type="checkbox"/> Legally blind | <input type="checkbox"/> Other acoustically impaired | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> No assistance device | <input type="checkbox"/> Other visually impaired | | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Other mobility impaired | | | <input type="checkbox"/> Health impaired |
| | | | <input type="checkbox"/> Neurological |

Who to contact in case of an emergency:

Last Name First MI

Apartment, number and street

City/Town

(Area Code) Home telephone number

State Zip Code

- Parent Spouse
- Guardian Other _____

(Area Code) Business telephone number