CREDIT COURSE REGISTRATION & Student Census
Records and Registration (Haggerty 19) • State University of New York at New Paltz • 500 Hawk Drive, New Paltz, NY 12561-2439

Semester and Year:
☐ Summer 1  ☐ Fall
☐ Summer 2  ☐ Spring  Year __________

PLEASE PRINT CLEARLY

Last Name  First Name  MI  Date of Birth

Have you changed your name since last registration?  ☐ No  ☐ Yes  If yes, previous name:______________________________

Current Permanent Mailing Address:
Apartment, number and street
City/Town
State  Zip Code

Current Local Mailing Address:
Apartment, dormitory, number and street
City/Town
State  Zip Code

E-mail (Required) NOTE: An e-mail will be sent to this address containing your student ID & campus e-mail address where you will receive all future college communications.

DESIRED PROGRAM
Indicate below the courses you wish to take. Students must select classes which do not conflict in days and times. The Records & Registration Office does NOT check for time conflicts.

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course No.</th>
<th>Sec. No.</th>
<th>Course Title</th>
<th>CR</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>R</th>
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TOTAL WORKLOAD DESIRED  

Alternate Courses

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I hereby accept the charges associated with this registration and I plan to attend SUNY New Paltz during the semester indicated. Failure to return my Remittance/Confirmation and make a required payment and/or arrangements by the posted due date, may result in the assessment of late fees and the deletion of my course schedule.

Student’s Signature  Date  

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.
**Student Level:**
- [ ] Completed 2 year degree
- [ ] Completed 4 year degree
- [ ] Certificate of advance study
- [ ] Completed Doctorate
- [ ] General Education Degree
- [ ] Completed High School
- [ ] Less than High School
- [ ] Completed Masters Degree

**Check if you have been:**
- [ ] Convicted of a felony
- [ ] Dismissed from a college for disciplinary reasons

**Student Type:**
- [ ] Matriculated Undergraduate
- [ ] Non-matriculated Undergraduate
- [ ] Matriculated Graduate
- [ ] Non-matriculated Graduate

**Sex:**
- [ ] Male
- [ ] Female

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**Who to contact in case of an emergency:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First</th>
<th>MI</th>
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<td>State</td>
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<tr>
<th>(Area Code) Home telephone number</th>
<th>(Area Code) Business telephone number</th>
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**IMMUNIZATION RECORDS**

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. For more information, please visit their Web site: www.newpaltz.edu/healthcenter

**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:
  - [ ] Student (F-1 or 1-20)
  - [ ] Visitor for Pleasure (B-2)
  - [ ] Political Refugee
  - [ ] Exchange Visitor (J-1)
  - [ ] Permanent Resident
  - [ ] Other ____________________________

**Ethnicity:**
Are you Hispanic/Latino?  [ ] yes [ ] no
If Hispanic/Latino, is your background (select one)
- [ ] Central American
- [ ] Dominican
- [ ] Mexican
- [ ] Puerto Rican
- [ ] South American
- [ ] Other Hispanic/Latino

All applicants, please indicate your race (select one or more)
- [ ] American Indian or Native Alaskan
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White

**Marital Status:**
- [ ] Single
- [ ] Married
- [ ] Separated
- [ ] Widowed
- [ ] Divorced