

COURSE REGISTRATION (NON-MATRICULATED STUDENTS ONLY)

					N			OF	FIC	EU	SE	ONL	' :
Social Securi	ity Number	 (NEW 81	TIDENT)		Student ID Number (RETURNING ST	TIDEVIT)						
∃ Fall	☐ Winter		Spring		Summer 20	ILLIOININING SI	ODLINI)						
PLEASE PI			Spring		Summer 20_								
LEASE PI	KINI CLE	ARLI											
Last Name			to a last o		First Name			_				f Birth	
⊣ave you cn	nanged you	r name s	since last r	egistr	ation? 🗌 No 🗌 Ye	s if yes, previou	ıs name: _.						
Current Pe	ermanent	Mailin	g Addres	ss:		Current L	ocal Ma	iling	Add	lres	S :		
Apartment, n	number and		Apartment, dormitory, number and street										
City/Town						City/Town							
State					Zip Code	State							Zin Codo
·)			Zip Code	State Zip Code									
Telephone N	 lumber					Telephone Number							
DESIRED ndicate belo			u wish to	take.	Students must selec	t classes which	do not c	onflic	t in (days	and	times	·.
CRN	COUR	SEC	SEC. NO. COUR		E TITLE C	CR	M	Т	W	R	F	TIME	
					TOTAL WORKLO	AD DESIDED		7					
Alternate (Courses				IOIAL WORKLO	AD DESIRED		_					
_ist alternat	te courses	making	sure that	they t	it in your schedule.								
	COUR	SE NO.	SEC	. NO.	COURSE 1	TITLE	CR	М	Т	W	R	F	TIME
CRN													
CRN			1 1										
CRN									_				
CRN													
CRN													

Previously Applied:	Student Type:	Gender:					
Indicate if you have previously applied	☐ Matriculated Undergraduate	☐ Male					
to SUNY New Paltz:	☐ Non-matriculated Undergraduate	☐ Female					
☐ Yes, I applied and was accepted as a matriculated student	☐ Matriculated Graduate						
☐ Yes, I applied and was NOT accepted	☐ Non-matriculated Graduate	Marital Status:					
as a matriculated student		☐ Single					
☐ No, I have not previously applied	Ethnicity:	☐ Married					
to SUNY New Paltz	Are you Hispanic/Latino? ☐ yes ☐ no	☐ Separated					
	If Hispanic/Latino, is your background:	□ Widowed					
Student Level:	select one	☐ Divorced					
☐ Completed 2 year degree	☐ Central American	Veteran Status:					
☐ Completed 4 year degree	☐ Dominican☐ Mexican						
☐ Certificate of advance study	☐ Puerto Rican	Indicate if you are one of the following: ☐ U.S. Veteran (A Veteran is a person					
☐ Completed Doctorate	☐ South American	who has served in the U.S. Armed					
☐ General Education Degree	☐ Other Hispanic/Latino	Forces)					
☐ Completed High School	·	☐ Military Service Member (Active Duty,					
☐ Less than High School	All applicants, please indicate your race:	Reserve or National Guard)					
☐ Completed Masters Degree	select one or more	☐ Dependent of a Military Service					
	☐ American Indian or Native Alaskan	Member or U.S. Veteran (Dependent					
Check if you have been:	☐ Asian	is defined as either spouse or child)					
Convicted of a felony	☐ Black or African American						
☐ Dismissed from a college for disciplinary reasons	☐ Native Hawaiian or Other Pacific Islander☐ White						
discipilitary reasons	□ Willte						
WHO TO CONTACT IN CASE OF AN	EMERGENCY:						
Last Name First	MI □ Parent						
	——————————————————————————————————————						
Apartment, number and street	☐ Spouse						
	Other						
City/Town	Utilei						
State	Zip Code						
Outo	2.0000						
(Area Code) Home telephone number	(Area Code) Busin	ness telephone number					
(wear goals) i ionic telephone hamse.	(2000) 200.						
IMMUNIZATION REQUIREMENT:							
	edits as a non-matriculated student, yo						
-	nmunization. Please note that the five	credits is the total of all coursework					
done through New Paltz.							
	aw Immunization Requirements, please visit t	he Student Health Services site:					
http://www.newpaltz.edu/healthcenter/im	ımun.html						
RESIDENCE:							
☐ I have been a permanent resident of N	ew York State for the last twelve months and	d of County.					
☐ I am a permanent resident of a state of	r tarritary of the LLS other than New Yorks						
	territory of the 0.3. other than New Tork						
☐ I am not a U.S. Citizen, IVIV country of c.							
	itizenship is	My Visa type is:					
☐ Student (F-1 or 1-20)	itizenship is Visitor for Pleasure (B-2)						