



COURSE REGISTRATION (NON-MATRICULATED STUDENTS ONLY)

Office of Records & Registration, SUNY New Paltz, 500 Hawk Drive, New Paltz, NY 12561-2439 • recreg@newpaltz.edu

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Social Security Number (NEW STUDENT)

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Student ID Number (RETURNING STUDENT)

Fall
 Winter
 Spring
 Summer
 20____

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 _____

(_____) _____
 Telephone Number

Current Local Mailing Address:

 Apartment, dormitory, number and street

 City/Town

 State _____ Zip Code _____

(_____) _____
 Telephone Number

Email (REQUIRED) *NOTE: An email will be sent to this address containing your student ID & campus email 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.

CRN	COURSE NO.						SEC. NO.	COURSE TITLE	CR	M	T	W	R	F	TIME

TOTAL WORKLOAD DESIRED

Alternate Courses

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

CRN	COURSE NO.						SEC. NO.	COURSE TITLE	CR	M	T	W	R	F	TIME

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.

Signature of Student _____ Date _____

