

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
 500 Hawk Drive
 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 _____

CURRENTLY ENROLLED STUDENTS MUST USE THE NEW PALTZ WEB REGISTRATION SYSTEM.
 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>
--	---

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			

ALTERNATES:

SUMMER SESSION 2

Course No.	Sec.	Course Title	CR
TOTAL CREDITS			

ALTERNATES:

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 <input type="checkbox"/> A.A.S.
Advanced Study | D <input type="checkbox"/> A.S. | G <input type="checkbox"/> Certificate of _____
<input type="text"/> |
| B <input type="checkbox"/> A.O.S. | E <input type="checkbox"/> Bachelor's _____(year) | H <input type="checkbox"/> Doctorate |
| C <input type="checkbox"/> A.A. | F <input type="checkbox"/> Master's _____(year) | J <input type="checkbox"/> Other _____ |

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

Sex: Male Female

Ethnicity:

- | | | |
|--|--|--|
| 1 <input type="checkbox"/> White, Non-Hispanic | 3 <input type="checkbox"/> Hispanic | 5 <input type="checkbox"/> American Indian or Native Alaskan |
| 2 <input type="checkbox"/> Black, Non-Hispanic | 4 <input type="checkbox"/> Asian or Pacific Islander | 6 <input type="checkbox"/> 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 <input type="checkbox"/> Student (F-1 or I-20) | 75 <input type="checkbox"/> Visitor for Pleasure (B-2) | 81 <input type="checkbox"/> Political Refugee |
| 72 <input type="checkbox"/> Exchange Visitor (J-1) | 80 <input type="checkbox"/> Permanent Resident | 78 <input type="checkbox"/> 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

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Spouse |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Other _____ |

(Area Code) Business telephone number