Office of R	Records and Registration		NOTE: This is a non-credit course required for students during the semester in which they take the comprehensive exam. Students may register for this course only once. If it is necessary to re-take the exam, students must register for one credit of					
office use only	Mail form to:		Continued Registration (XXX799) in the following semester.					
Office of the Registrar State University of New York at New Pa 500 Hawk Drive New Paltz, NY 12561-2439			 □ Fall □ Spring 20 □ Summer 					
Please type or print	<u>.</u>							
			N					
Last Name	First	MI	Student ID #					
Current Perman	ent Mailing Address: ddress		Current Local Mailing Address:					
Apartment, number ar	nd street		Apartment, dormitory, number and street					
City/Town			City/Town					
State	Zip Code		State Zip Code					
(Area Code) Telephone Number			(Area Code) Telephone Number					
			E-mail					
Affirmation o	of Charges:							
l.	-		, have read SUNY New Paltz's graduate student					
Continued Reg	istration policy (http://www.newpaltz.ed	lu/gradua	e/cont_reg_affirmation_of_charges_form_final_11.9.10.pdf).					
l understand the • if I register fo or		XX599) a	nd fail to complete the exam at the end of the semester,					
 if I receive an automatically for a grade of 	y registered for one credit of Continued	Registrati	ny other course work required for my degree, I will be on each fall and spring semester until I either submit my thesis program. Furthermore, I understand that I am responsible for					

Student Signature		N Stud	N Student ID #			Major		
Please register me fo	r:							
Subject	(Registrar will assign section #)		Instructor's N	ame				