



New Paltz
STATE UNIVERSITY OF NEW YORK

Office of Records & Registration
500 Hawk Drive, New Paltz, NY 12561-2439

UNDERGRADUATE REGISTRATION FORM

DATE PROCESSED	PROCESSOR'S INITIALS

Check appropriate box:

SEMESTER: Fall Spring Year: 20__ __

N										
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Last Name First MI

Cell Phone Number

To ensure a conflict free schedule, create your schedule in My Schedule Planner: Generate schedule, view and print. Attach the print out to this form.

OR fill boxes below

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

By submitting the form for registration, the student must ensure that:

- no registration holds are in place preventing registration
- the schedule requested for registration has no time schedule conflicts
- any required permissions to override any restrictions or prerequisites have been electronically submitted by the appropriate individual (i.e. instructor, chair or associate dean)

The student understands that if the above requirements for registration are not met at the time of registration, Records and Registration will not be able to register the student for any affected course and the student will forfeit early registration for that course.

The student agrees that any desired changes to the schedule after the student is registered, will be made by the student during the scheduled time assigned for registration.

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 to make a required payment and/or payment arrangements by the end of the posted due date, may result in the assessment of late fees and the deletion of my course schedule.

Signature of Student _____ Signature of Advisor _____