



# CONTINUED REGISTRATION FORM

Office of Records & Registration  
 SUNY New Paltz  
 500 Hawk Drive, New Paltz, NY 12561-2439  
 (845) 257-3100 fax: (845) 257-3103

DATE PROCESSED	PROCESSOR'S INITIALS

**Note:** Students who are continuously registered will have access to faculty advising and campus student services including but not limited to the university library and campus computing services, as well as any key cards or other access to labs and/or studios appropriate to the program of study. Continuous enrollment can be accomplished by enrolling in at least one (1) credit hour of coursework during the term. Students who have completed their coursework and are working on their Comprehensive Exam or doing Thesis Work must enroll in Continued Registration courses as described in the graduate catalog.

**Semester and Year**

Fall     Winter     Spring     Summer    20\_\_\_\_\_

**Please print clearly:**

\_\_\_\_\_ Last Name                      First Name                      MI

N														
Student ID Number														

**Current Permanent Mailing Address:**

\_\_\_\_\_ Apartment, number and street

\_\_\_\_\_ City/Town

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

(\_\_\_\_) \_\_\_\_\_ Telephone Number

\_\_\_\_\_ Email

I plan to use the campus facilities in order to continue the necessary work to finish my thesis/special project.

**Please enter subject** (i.e. SOC, PSY):

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*Records & Registration will assign section number*

\_\_\_\_\_ Print Instructor's Name (signature NOT needed)

\_\_\_\_\_ Student's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Associate Dean's Signature (Required after registration deadline)