



Middletown Campus 115 South Street Middletown, NY 10940 (845) 344-6222	Newburgh Campus 1 Washington Center Newburgh, NY 12550 (845) 562-2454
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www.sunyorange.edu

CREDIT COURSE REGISTRATION FORM

Student Information

Semester: FALL _____ SPRING _____ SUMMER _____

_____ Degree Seeking
_____ Non Degree Seeking

Term of Last Registration: FALL _____ SPRING _____ SUMMER _____

	A# _____								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First Name</td> <td style="width: 33%;">Middle Initial</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Last Name	First Name	Middle Initial				SSN or Tax Identification Number* ____ -- ____ -- ____		
Last Name	First Name	Middle Initial							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Street Address</td> <td style="width: 17%;">City</td> <td style="width: 17%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Street Address	City	State	Zip Code					<p>*SSN or Tax Identification Number is required by the IRS for reporting of tuition and related expenses for tax purposes and for financial aid.</p>
Street Address	City	State	Zip Code						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Home Phone</td> <td style="width: 50%;">Cell Phone</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>	Home Phone	Cell Phone			Sex: __ Male __ Female				
Home Phone	Cell Phone								
County of Residence _____ _____ Date of Birth MM/DD/YYYY (Mandatory) Other Names Used: _____	Emergency Contact: Name: Telephone #: Relationship to You:								

Citizenship:
 U.S. CITIZEN __ YES __ NO
 IF NO (Check one)
 __ PERMANENT RESIDENT ALIEN
 __ NON-RESIDENT ALIEN (identify below)

 What Country? _____
Veteran Status:
 __ VET
 __ Dependent of VET
 __ Active Duty Military

Select One or More:
 __ 01 White __ 02 Black __ 04 Asian
 __ 05 American Indian/Native Alaskan
 __ 08 Native Hawaiian/Pacific Islander

(Note: DUE TO NEW GOVERNMENTAL REPORTING REQUIREMENTS, PERSONS WHO ARE HISPANIC/LATINO MUST RESPOND TO THE ABOVE AND THEN COMPLETE THE FOLLOWING SECTION BELOW)

Are you a High School Grad or GED Recipient?
 __ Yes __ No

Name of High School _____

Name of other COLLEGE(s) attended (up to 2)

Ethnicity: Are you Hispanic/Latino? __ Yes __ No

If YES, what is your background?
 (You must select only one, if Hispanic/Latino)

__ Central American __ Dominican __ Mexican
 __ Puerto Rican __ South American __ Other
 Hispanic/Latino

COURSE REGISTRATION GRID

1. You are obligated to pay in full all tuition and fees whether or not you attend classes unless you officially drop classes in accordance with the refund schedule published on the Bursar's web page <http://www.sunyorange.edu/bursar/>
2. Some of your financial aid awards may be reduced or cancelled if: (1) You register for courses that are not applicable to your degree requirements or; (2) Change from full-time to part-time status.
3. I understand that if my immunization requirements are not met, I may be dropped from my classes.
4. I am aware of the SUNY Orange course prerequisite/co-requisite policy as outlined in our catalog for each course.
5. I understand that some courses are offered at multiple locations (Middletown, Newburgh, Online, etc.) and my schedule of sections has taken that information into consideration.

Program of Study:					
CRN	COURSE	SECTION	CAMPUS	COURSE TITLE	CREDITS
Total Credits					

I accept financial responsibility for my SUNY Orange bill during the indicated semester. I acknowledge that my tuition and fees must be paid by the due date or I will be assessed a \$50.00 late payment fee. I realize that non-attendance will not relieve my financial responsibility. I have read and understand the SUNY Orange refund policy and NYS residency requirements. I understand that if a college debt is referred to outside sources for collection, I will be responsible for paying additional collection contingency fees (up to 50% of the delinquent account balance). I understand that I will be restricted from registering for additional courses or for future terms and my transcripts and diplomas will be placed on hold.
*Please note you must complete the SICAS Accept Charges Survey by logging into your MySUNYOrange account.

Student's Name (Print Clearly)	Student's Signature	Date:
Advisor's Name (Print Clearly)	Advisor's Signature	Date:

FOR OFFICE USE

Fall ___ Spring ___ Summer ___

Date: _____

Registered by: _____