



<b>Middletown Campus</b> 115 South Street Middletown, NY 10940 (845) 344-6222	<b>Newburgh Campus</b> 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: 34%;">Middle Initial</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> <td></td> </tr> </table>	Last Name	First Name	Middle Initial				<b>SSN or Tax Identification Number*</b>  ____ -- ____ -- ____		
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					<b>*SSN or Tax Identification Number is required by the IRS for reporting of tuition and related expenses for tax purposes and for financial aid.</b>
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							
Home Phone	Cell Phone								
County of Residence _____	Sex: __ Male __ Female								
_____ <b>Date of Birth MM/DD/YYYY (Mandatory)</b>	<b>Emergency Contact:</b> Name: _____  Telephone #: _____  Relationship to You: _____								
Other Names Used: _____									

**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.

<b>Program of Study:</b>					
CRN	COURSE	SECTION	CAMPUS	COURSE TITLE	CREDITS
<b>Total Credits</b>					

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.

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<b>Student's Name (Print Clearly)</b>	<b>Student's Signature</b>	<b>Date:</b>
<b>Advisor's Name (Print Clearly)</b>	<b>Advisor's Signature</b>	<b>Date:</b>

**FOR OFFICE USE**

Fall \_\_\_ Spring \_\_\_ Summer \_\_\_

Date: \_\_\_\_\_

Registered by: \_\_\_\_\_