

Credit Course Registration Form



Newburgh Campus 1 Washington Center, Newburgh, NY 12550
Middletown Campus 115 South Street, Middletown, NY 10940
(845) 341-4140 • registrar@sunyorange.edu

Student Information

Semester: FALL _____ WINTER _____ SPRING _____ SUMMER _____

Term of Last Registration: Semester _____ Year _____

<input type="checkbox"/> Degree Seeking <input type="checkbox"/> Non Degree Seeking Visiting Students: SUNY College _____ Non SUNY College _____
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Last Name _____ First Name _____ Middle Initial _____

A# _____

Street Address _____
City _____ State _____ ZIP Code _____

SSN or Tax Identification Number* _____

Home Phone _____ Cell Phone _____

*SSN or Tax Identification Number is required by the IRS for reporting of tuition and related expenses for tax purposes and for financial aid.

Email Address: _____

Sex: ___ Male ___ Female ___ Gender X

County of Residence: _____

Self-Identify: _____

_____/_____/_____
Date of Birth MM/DD/YYYY (Mandatory)

Previous Name Used: _____

Preferred Name: _____

Emergency Contact:
Name: _____
Phone #: _____
Relationship to You: _____

U.S. CITIZEN _____ YES _____ NO

IF NO, Check one
 PERMANENT RESIDENT ALIEN
 OTHER PRIMARY CITIZENSHIP
 (identify below)

What Country? _____

Veteran Status:
 Veteran
 Spouse or Dependent of Veteran

Ethnicity:
 Are you Hispanic/Latino? ___ Yes _____ No

Check one or more of the following groups in which you consider yourself a member:

___ American Indian/Native Alaskan
 ___ Asian ___ Black or African American
 ___ Native Hawaiian/Pacific Islander ___ White

Are you a High School Graduate or HSE Recipient? Yes _____ No _____

Name of High School _____

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

Course Registration Details

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 Student Accounts webpage <http://www.sunyorange.edu/studentaccounts>
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) You 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 the college catalog for each course.
5. I understand that some courses are offered at multiple locations (Middletown, Newburgh) and multiple modalities.

Student's Major:						
CRN	SUBJECT	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 33% of the delinquent account balance). I understand that I will be restricted from registering for additional courses or for future terms and my diploma will be placed on hold.

*Please note you must complete the Financial Responsibility Agreement found at <http://www.sunyorange.edu/studentaccounts> under Forms.

Student Name (print clearly) Student Signature Date

Advisor Name (print clearly) Advisor Signature Date