

Credit Course Registration Form



RECORDS AND REGISTRATION

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 _____

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	
County of Residence _____		Emergency Contact: Name: _____ Phone #: _____ Relationship to You: _____	
_____ / _____ / _____ Date of Birth MM/DD/YYYY (Mandatory)		Other Names Used: _____	
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO (Check one) <input type="checkbox"/> PERMANENT RESIDENT ALIEN <input type="checkbox"/> NON-RESIDENT ALIEN (identify below) What Country? _____ Veteran Status: <input type="checkbox"/> VET <input type="checkbox"/> Dependent of VET <input type="checkbox"/> Active Duty Military		Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No If Hispanic/Latino, is your background? (select one) <input type="checkbox"/> Central American <input type="checkbox"/> Dominican <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> South American <input type="checkbox"/> Other Hispanic/Latino All students, please indicate your race. (select one or more) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Native Hawaiian/Pacific Islander Ethnicity: _____	
Are you a High School Grad or GED Recipient? Yes _____ No _____ Name of High School _____		Name of other COLLEGE(s) attended (up to 2) 	

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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 web page <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) 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	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 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 ONLY DATE: _____ INITIALS: _____