

SUNY COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY

ESF Outreach
1 Forestry Dr., 221 Marshall Hall
Syracuse, NY 13210
(315) 470-6817
(315) 470-6890 (fax)

Semester: ___ Spring ___ Summer ___ Fall
 Year: _____

REGISTRATION FORM FOR NON-DEGREE STUDENT

Date: _____

1. Name (Last/First/MI) _____ 2. Social Security No. _____

3. Birth Date ___/___/___ 4. Veteran: Yes ___ No ___ 5. Male ___ Female ___ 6. Married ___ Single ___

7. Are you employed? Yes ___ No ___ If yes, company name _____

8. Country of citizenship: US ___ Other ___ If other, type of Visa _____

9. Legal resident of NYS for the past year? Yes ___ No ___ If NO, your state or country of permanent residence? _____

10. Mailing address: _____ City _____ State _____ Zip _____

Phone: (____) _____ E-mail address: _____

Business address: _____ City _____ State _____ Zip _____

Phone: (____) _____ Email address: _____

In an emergency, contact: _____ Phone: (____) _____

11. Academic Data: (*Note: If you are a matriculated student at SU (including University College), you must register for ESF courses through SU.*)

Have you attended ESF before? Yes ___ No ___ If yes, when? _____

If no, name last college attended _____ When? _____

Do you hold a degree from any college or university? Yes ___ No ___ If yes, give college/university name _____

Degree earned _____ Major _____ If No, how many credit hours have you earned? _____ How many hours past the baccalaureate degree have you earned? _____ Where _____

Do you plan to take a course at University College this semester? Yes ___ No ___

12. Data used for state and federal reporting (Voluntary):

a. Do you have a special need? Yes ___ No ___ If Yes, please check one: Hearing impaired ___
 Speech impaired ___ Visually impaired ___ Mobility impaired ___
 Other special need (please specify) _____

b. If you are a U.S. citizen, how would you describe your ethnic origin? (check one) American Indian ___ Asian or Pacific Islander ___ Black Non-Hispanic ___ Hispanic ___ White Non-Hispanic ___

13. Please list the courses you want to register for in the space provided below: Indicate if you are taking it for credit (C) or noncredit (NC).

In the event you wish to matriculate into a SUNY-ESF degree program, we encourage you to seek the advice of a faculty curriculum advisor so that the appropriate courses are selected. For a listing of advisors, please visit www.esf.edu/outreach/ce/advising.htm.

14. Please if you're a **SENIOR CITIZEN** auditing a course:

I am taking courses as (check one): _____ undergrad student _____ graduate student

Dept. Prefix	No.	Sec.	Credit Hours	Credit/ Non-Credit	Days	Meeting Times	Instructor

I have read and agree to SUNY ESF's registration and financial requirements, and understand it is my responsibility to pay close attention to financial deadlines. If the course has pre-requisites, I have received permission from the instructor and/or I have provided adequate documentation to enroll in the course.

15. Student Signature _____ CE ID No. _____
 (Issued by ESF Outreach)