

SUNY COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY

ESF Outreach
1 Forestry Drive/221 Marshall Hall
Syracuse, NY 13210
Phone: (315) 470-6817 Fax: (315) 470-6890

Semester: ___ **Spring** ___ **Fall**
May Mester: ___ **First** ___ **Second**
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 SU's 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 SU's 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? (Please check (x) one)

Native American ___ 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: COMPLETE ALL COLUMNS.

If 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.

I am taking courses as (check one): ___ **undergrad student** ___ **grad student**

Dept. Prefix	No.	Sec.	Credit Hrs	Check a box in ONE of the columns below for each class:			Days	Mtg Times	Instructor
				Credit: (Grade:A-F)	Audit (Grade: S -satisfactory or U-Unsatisfactory)	Special Audit Age 60 or older – (No Grade)			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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. _____