

SUNY COLLEGE OF ENVIRONMENTAL SCIENCE AND FORESTRY

REGISTRATION FORM FOR VISITING STUDENTS: Complete a different form for EACH SEMESTER

Note for Fall and Spring registrations ONLY:

Matriculated students at SU (including SU's University College), must register for ESF courses through SU.

Date: _____

Semester: (circle one)

Fall Spring Maymester Summer Session 1 Summer Session 2 Combined Sessions

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: (____) _____ Email address: _____

Business address: _____ City _____ State _____ Zip _____

Phone: (____) _____ Email address: _____

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

11. Academic Data:

a. Have you attended ESF before? Yes ___ No ___ If yes, when? _____
If no, name last college attended _____ When? _____

b. Are you matriculated in a program at a university other than SUNY ESF? Yes ___ No ___
If yes, specify University: _____ Program _____ Circle One: Undergraduate Graduate

c. 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 _____

d. 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 circle 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 circle 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.

14. 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.

15. I am taking courses as (circle one): undergraduate student graduate student

				Check ONE of the columns below for each class:					
Dept. Prefix	No.	Sec.	Credit Hrs.	Credit: Grade A-F	Audit: Fall and Spring Semesters ONLY Grade: S= Satisfactory U= Unsatisfactory)	Special Audit Age 60 or older (No Grade)	Days	Mtg 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.

Student Signature _____