

REGISTRATION FORM

1419 SALT SPRINGS ROAD, SYRACUSE, NY 13214
(315) 445-4141 | CEINFO@LEMOYNE.EDU

OFFICE USE ONLY

REGISTERED ON _____

BY _____

REGISTRATION TERM _____

LEGAL NAME OF STUDENT (LAST, FIRST, INITIAL) _____

PERMANENT ADDRESS _____

CITY STATE ZIP _____

PHONE NUMBER(S) _____

CURRENT E-MAIL ADDRESS _____

SOCIAL SECURITY NO. DATE OF BIRTH _____

GENDER MALE FEMALE OTHER

CITIZENSHIP CODE/ COUNTRY _____

U.S. CITIZEN (ONLY PROVIDE IF NOT A U.S. CITIZEN)

NON-CITIZEN RESIDENT (PERM. RESIDENT)

NON-RESIDENT ALIEN (TEMPORARY VISA)

ETHNIC BACKGROUND (OPTIONAL)

AFRICAN AMERICAN/BLACK NATIVE

LATINO/HISPANIC

WHITE/CAUCASIAN

NATIVE AMERICAN/ALASKAN NATIVE

ASIAN/PACIFIC ISLANDER

OTHER _____

LE MOYNE STUDENT ID NUMBER _____

EMPLOYER / ARE YOU ELIGIBLE FOR EMPLOYEE BENEFITS? NO YES

HAVE YOU PREVIOUSLY REGISTERED AT LE MOYNE? NO YES

IF YES

- ARE YOU AN ALUMNI OF LE MOYNE? NO YES
- LAST ATTENDED ENROLLMENT TERM/YEAR _____

- NAME (IF DIFFERENT) AT LAST REGISTRATION _____

- HAS YOUR ADDRESS CHANGED? NO YES

HAVE YOU CURRENTLY/PREVIOUSLY ATTENDED ANY OTHER COLLEGE OR UNIVERSITY? NO YES

IF YES

- NAME OF INSTITUTION-DEGREE RECEIVED, IF ANY: _____

ARE YOU A SENIOR CITIZEN? (AGE 65 AND OVER) NO YES

HOW DID YOU HEAR ABOUT LE MOYNE COURSES? _____

EDUCATIONAL GOAL(S) AT LE MOYNE COLLEGE _____

DO YOU HAVE A DISABILITY THAT WOULD REQUIRE SPECIAL ACCOMMODATIONS? NO YES

IF YES, PLEASE DESCRIBE _____

DEPT.	COURSE	SECT	CREDIT HOURS	ENROLLMENT DATES	DAY/TIME	INSTRUCTOR	CLASSROOM	AUDIT?	TUITION
								<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
								<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
								<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
								<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
								<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

I, THE UNDERSIGNED, ACCEPT THAT I AM RESPONSIBLE FOR PAYMENT OF THE TUITION AND FEES FOR THIS COURSE, UNLESS I FORMALLY DROP THE COURSE BY EITHER EMAILING CEINFO@LEMOYNE.EDU WITH THE COURSE INFORMATION AND MY INTENT TO BE DROPPED FROM IT OR BY COMPLETING A DROP/ADD COURSE IN THE CE OFFICE.

STUDENT SIGNATURE _____

DATE _____

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TUITION	\$
FEES	\$
TOTAL	\$
PAID WITH REGISTRATION	\$
BALANCE DUE	\$
DUE DATE	