

Registration Form

1419 Salt Springs Road, Syracuse, NY 13214
(315) 445.4141 www.lemoyne.edu

Today's Date _____

CHECK IF STUDENT ADDRESS IS DIFFERENT FROM LAST REGISTRATION.

Legal name of student (last, first, initial) _____

Permanent address _____

City _____ County _____ State _____ ZIP _____

Phone _____

Current email address _____

Employer _____

Address _____

City _____ County _____ State _____ ZIP _____

Business phone _____

Date of Birth _____ Social Security No. _____

* For Office Use *

Registered _____ (date) By _____

Student No. _____

Semester: _____

Year: _____

Have you previously registered at Le Moyne? Yes No

If yes, last attended term _____ year _____

Name (if different) at time _____

Non-matriculated at Le Moyne Matriculated at Le Moyne

Transfer student Alumni (or alumnae)

Visiting Student

Undergraduate from _____
INSTITUTION

Have you previously attended any other college or university?

Yes No

Name of institution-degree received, if any: _____

Citizenship Code

- U.S. Citizen
 Non-Citizen Resident (Perm. Resident)
 Non-Resident Alien (Temporary Visa)

Country (if not U.S. citizen)

Ethnic Background (optional)

- African American/Black Native American/Alaskan Native
 Latino/Hispanic Asian/Pacific Islander
 White/Caucasian Other _____

Certificates

- Health Information Systems HRM CPA Certification
 Government Systems IT Post-Bac. Pre-Health
 RN to MS Nursing

Already have a degree and seeking:

- Audit Male
 Alumni Female
 Senior Citizen

Financial Aid

- Stafford Loan APTS
 PELL
- Remarks: _____

Courses

DEPARTMENT	COURSE NO.	SECTION NO.	# HRS CRED.	# HRS AD.	DAY/TIME	INSTRUCTOR	CLASSROOM	COMMENTS	TUITION
MKT	301	50	3		TH/5:30	SHAW	GH207		

Do you have a disability that would require special accommodations?

No Yes, please describe _____

I, the undersigned, accept that I am responsible for payment of the tuition and fees for this course, unless I formally drop this 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 form in the CE office.

X _____
Student Signature Date

Method of Payment

- Check (payable to Le Moyne College) _____ No. _____ Bank _____
 Employer tuition deferred

* For Office Use *	Tuition
Science Lab	_____
Parking fee	_____
Technology fee	_____
Breakage fee	_____
Total	_____
Paid with registration	_____
Balance due	_____
Due date	_____