



Please complete all sections.

- FALL 2009
- SPRING 2010
- SUMMER 2010

## GENERAL INFORMATION

Student I.D. Number \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Suffix (Jr, III, etc.)

Address \_\_\_\_\_  
Street City/State Zip

Birthday (mm/dd/yy) \_\_\_\_\_ Sex  F  M

Telephone Numbers \_\_\_\_\_  
Days (9 a.m.–5 p.m.) Evenings

E-mail \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_  
Name Phone Relationship to you

Do you have tuition benefits?  Yes  No Employer Name \_\_\_\_\_

## CITIZENSHIP INFORMATION (Required for government reporting)

IF YOU ARE NOT A U.S. CITIZEN:

Country of citizenship \_\_\_\_\_ Type of Visa \_\_\_\_\_ Exp. date \_\_\_\_\_

Home country permanent address \_\_\_\_\_

Are you a permanent resident of the United States?  Yes  No

IF YOU ARE A U.S. CITIZEN:

Current state of legal residence \_\_\_\_\_

What was your state of legal residence at the time you first attended the University? \_\_\_\_\_

If New York State, what county? (e.g., Monroe) \_\_\_\_\_

What is your ethnic background? (check one)

Hispanic of any race

*For Non-Hispanic/Latino Individuals Only:*

- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Race and ethnicity unknown
- Asian
- White
- Non-resident alien (of any race or ethnicity)
- Black or African American
- Two or More Races

## EDUCATIONAL HISTORY

(1) Have you previously attended the University of Rochester?  Yes  No

If yes, when was the last date of attendance at the University? \_\_\_\_\_

(2) What is the highest level of education you have completed? \_\_\_\_\_

- associate's degree
- bachelor's degree
- master's degree
- doctoral degree

(over please)

# COURSE INFORMATION

Course Reference Number (CRN)	Subject Area	Course Number	Audit (Y or N)	Credit Hours	Course Title	Signature (if necessary)*
19047	CAS	075	N	0	Technical Writing	

\* If permission of instructor is required, see course schedule for specific restrictions.

Please complete BOTH the registration and financial statement forms, enclose full payment, and mail to (at least 15 business days prior to the start of your class):

**Registrar's Office  
312 Lattimore Hall  
University of Rochester  
P.O. Box 270038  
Rochester, New York 14627-0038**

**REGISTRATIONS WITHOUT FULL PAYMENT  
AND SIGNATURES WILL NOT BE PROCESSED**



FALL 2009  
 SPRING 2010  
 SUMMER 2010

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Student I.D. Number \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Please complete all sections.

**Graduate**  
 Matriculated  Non-matriculated

**Undergraduate**  
 Matriculated  Non-matriculated

Days (9 a.m.–5 p.m.)

Evenings

## TUITION CHARGES (Credit and Noncredit Courses)

CRN	Credit Hours	*School/College Offering Course	**Rate per Credit Hour or Noncredit or Audit Fee	Lab Fee	Course Total

\* School/College abbreviations — CAS (Arts & Sciences), SEAS (School of Engineering & Applied Sciences), SON (School of Nursing), M&D (School of Medicine & Dentistry), SIMON (Simon School), EDU (Warner School)

\*\* See tuition & fees on page 6.

TOTAL TUITION CHARGES \$ \_\_\_\_\_ (1)

## CREDITS AND ANTICIPATED CREDITS

- University of Rochester tuition benefit waiver. \$ \_\_\_\_\_
- Financial Aid \_\_\_\_\_ \$ \_\_\_\_\_  
Type of Loan or Grant
- Other Credits (alumnus or senior citizen discount, special program awards, etc.)  
\_\_\_\_\_ \$ \_\_\_\_\_  
Type of Credit

TOTAL CREDITS AND ANTICIPATED CREDITS \$ \_\_\_\_\_ (2)

## PAYMENT

AMOUNT DUE/NET TUITION AND FEES (line 1 minus line 2) \$ \_\_\_\_\_ (3)

### METHOD OF PAYMENT

- Check      • Please make checks payable to the UNIVERSITY OF ROCHESTER.  
• Print name of registrant and student I.D. number on the face of the check.

Visa\*     MasterCard\*     Discover\*\*

Card number\* \_\_\_\_\_ Last 3 digits\*\* \_\_\_\_\_

\*Required for all credit cards

\*\*Required for Discover only

Expiration date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Cardholder signature \_\_\_\_\_

## PAYMENT AGREEMENT REGISTRATION WILL NOT BE PROCESSED UNLESS SIGNED BY STUDENT.

I certify that I am financially responsible to the University of Rochester for all charges incurred during Summer 2009. I further certify and understand that should my student account not be kept current, the University has the right to assess collection costs, late payment fees, and place a hold on my account that prevents further registration and printing of transcripts.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Students under the age of 18 years must have their parent/guardian sign the following:

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, agree to be responsible for payment pursuant to the terms of this payment agreement. My social security number is \_\_\_\_\_.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Full payment MUST accompany the registration form and financial statement. **Questions? Contact the Office of the Bursar at (585) 275-3931.**