



Please complete all sections.

GENERAL INFORMATION

Social Security/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**



Date _____
Name _____
Address _____
Social Security/ Student I.D. Number _____
Telephone Number _____

Please complete all sections.

Graduate
[] Matriculated [] Non-matriculated
Undergraduate
[] Matriculated [] Non-matriculated

TUITION CHARGES (Credit and Noncredit Courses)

Table with 6 columns: 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 _____