

# SUNY SCHOOL OF GRADUATE STUDIES – NON-MATRICULANT REGISTRATION FORM

(Must be completed in full - Please print in **BLACK** ballpoint ink)

Term: Fall 200\_\_ Spring 200\_\_

Laboratory/Department: \_\_\_\_\_

UUP employee Yes: \_\_\_ No: \_\_\_

Tele.Ext.: \_\_\_\_\_ Room #: \_\_\_\_\_ Box #: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST FIRST MIDDLE

Is this your first registration at HSCB Graduate School? Yes: \_\_\_ No: \_\_\_

Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_ Other Phone #: \_\_\_\_/\_\_\_\_/\_\_\_\_

Local Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Permanent Legal Address: \_\_\_\_\_  
STREET CITY STATE ZIP

E-Mail Address: \_\_\_\_\_

Status: \_\_\_ U.S. Citizen \_\_\_ Permanent Resident Date of Green Card Activation \_\_\_\_/\_\_\_\_/\_\_\_\_

Visa type \_\_\_ Expiration Date: \_\_\_\_\_ Birth Country: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Sex: \_\_\_ M \_\_\_ F Are you a Veteran? \_\_\_ Y \_\_\_ N Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Partnered

Ethnicity: \_\_\_ White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Asian or \_\_\_ American Indian \_\_\_ Other  
Non-Hispanic Non-Hispanic Pacific Islander or Alaskan

PROGRAM/COURSE #	COURSE TITLE	CREDIT	COURSE DIRECTOR SIGNATURE
TOTAL CREDITS			

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADVISOR'S APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

REGISTRAR VALIDATION \_\_\_\_\_

DATE \_\_\_\_\_