



Study Programs

Registration Form for EXTRAMURAL STUDY

(COMPLETE BOTH SIDES)

Term of Registration Fall Winter Spring Summer - May Summer I Summer II Year 20____

PERSONAL INFORMATION

Ithaca College ID # _____
(If you never attended Ithaca College before, an ID # will be provided to you.)

Have you registered at Ithaca College before? Yes No

Are you suspended, dismissed, withdrawn, or on leave of absence from Ithaca College? Yes No

Highest degree earned? High school GED Associate's Bachelor's or higher

Name _____
Last First Middle/Maiden

Birth date ____/____/____ Social Security Number: _____ Female Male

Address _____
P.O. Box/Street

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

The federal government requires (under Title VI of the Civil Rights Act of 1964 and Title XI of the Education Amendments of 1972) that institutions of higher education collect information on the ethnic composition of their student population. The information you provide below will be used to meet these federal requirements. *All information given on this form will remain confidential.*

Are you Hispanic or Latino? Hispanic or Latino Not Hispanic or Latino

US Citizen

Permanent Resident Alien (hold a green card)

Nonresident Alien (in the US on a student or other temporary visa)

Type of Visa _____ Country of Citizenship _____

Regardless of your answers to the prior questions, please select one or more of the groups below that best describe you:

American Indian or Alaska Native (including all Original Peoples of the Americas)

Asian (including Indian subcontinent and Philippines)

Black or African American (including Africa and Caribbean)

Hispanic/Latino (including Mexico, Cuba, PR, Central and South America, and Spain)

Native Hawaiian or Other Pacific Islander (Original Peoples)

White (including Middle Eastern)

Registering by mail: Mail completed registration form with payment to:

Ithaca College
Division of Graduate and Professional Studies
953 Danby Road
Ithaca, NY 14850-7002

Registering in person:

Bring completed form with payment to the Division of Graduate & Professional Studies, G072 Peggy R. Williams Center.

Phone: 607-274-3143

Fax: 607-274-1263

E-mail: gps@ithaca.edu



Study Programs

Registration Form for EXTRAMURAL STUDY

Last name, first initial _____

SAMPLE

CRN	SUBJECT CODE, COURSE NUMBER & SECTION	COURSE TITLE	CREDITS
10124	PHIL 21200 01	INTRODUCTION TO ETHICS	3

FILL IN YOUR COURSE AND PAYMENT INFORMATION, AND SIGN BELOW.

CRN	SUBJECT CODE, COURSE NUMBER & SECTION	COURSE TITLE	CREDITS

Is this course to be taken as an audit? Yes No *Does this course require a prerequisite or capacity override?* Yes No

If yes to either, instructor's signature required: _____

Is this course a graduate course? Yes No

If so, grad chair's signature required: _____

CRN	SUBJECT CODE, COURSE NUMBER & SECTION	COURSE TITLE	CREDITS

Is this course to be taken as an audit? Yes No *Does this course require a prerequisite or capacity override?* Yes No

If yes to either, instructor's signature required: _____

Is this course a graduate course? Yes No

If so, grad chair's signature required: _____

CRN	SUBJECT CODE, COURSE NUMBER & SECTION	COURSE TITLE	CREDITS

Is this course to be taken as an audit? Yes No *Does this course require a prerequisite or capacity override?* Yes No

If yes to either, instructor's signature required: _____

Is this course a graduate course? Yes No

If so, grad chair's signature required: _____

CHARGES	METHOD OF PAYMENT
Undergraduate tuition \$ _____ per credit x ___ credit hours \$ _____	Cash, check, or money order \$ _____
Graduate tuition \$ _____ per credit x ___ credit hours \$ _____	Tuition remission benefit \$ _____
Audit fee \$ _____ per credit x ___ credit hours \$ _____ <i>(fall and spring semesters only)</i>	Other <i>(please specify)</i> \$ _____
Performance study fee \$ _____ per credit x ___ credit hours \$ _____	
Total Charges \$ _____	Total Payment \$ _____
	Total DUE \$ _____

I the undersigned understand this is an official request for registration and that I am committing through this registration contract to pay all tuition charges related to the course(s) described herein. Final grades can be released only after full payment is made. Unpaid charges will be sent to collections.

Signature _____

Date _____