



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Are you suspended, dismissed, withdrawn, or on leave of absence from Ithaca College?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 (required for tax purposes) _____ ☐ Female ☐ Male

Address _____
P.O. Box/Street

City _____ State _____ Zip Code _____

Extramural registration for online courses is prohibited for residents in certain states. See ithaca.edu/nondegree for details.

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)

Mail completed registration form to:

Ithaca College
Office of Extended Studies
953 Danby Road
Ithaca, NY 14850

Or fax to: 866-924-6272

Or bring completed form with payment to the Office of Extended Studies, Job Hall 208.

Please make payment to Student Financial Services after confirmation of registration is received.

Contact:
oes@ithaca.edu
607-274-3143



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Last name, first initial _____

Ithaca College ID # (if you have one) _____

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: _____

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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 \$ _____ (fall and spring semesters only)	Other (please specify) \$ _____
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 _____