



Continuing Education and Graduate Studies Registration Form

This form is to be used for non-matriculated students only, including non-degree students or auditing students. Course/fee payments or payment arrangements must be made within seven (7) days of course registration. Submit this form and a Payment Declaration Form.

Return this form to: Office of Continuing Education & Graduate Studies
117 McGraw Hall, Elmira College
One Park Place
Elmira, NY 14901
Fax: 607-735-1150 Phone: 735-1825 Email: continuinged@elmira.edu

TERM: SUMMER FALL WINTER SPRING YEAR _____

STUDENT INFORMATION NON-DEGREE AUDIT

Name _____
Last First Middle

Previous Name(s) _____ Social Security Number: _____

Phone(s) _____ Email _____
Cell Home

Address _____
Street/PO Box

_____ City State Zipcode County

Date of Birth: ____/____/____ Gender: M/F (circle)

- Demographic Information: How would you describe yourself? (check all that apply)
- Non-resident Alien (International Student) Asian Native Hawaiian or other Pacific Islander
 - Hispanic White Black or African American
 - American Indian or Alaskan Native

FIELD	COURSE #	SECT. #	COURSE TITLE	AUDIT	CR	U/G	TUITION	FEES

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____