



Please complete all sections.

GENERAL INFORMATION

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) _____

Are you Hispanic/Latino? (check one) Yes No

(Regardless of your answer to the prior question)

Please select one or more races you identify with:

- American Indian or Alaska Native
- Black or African American
- White
- Asian
- Native Hawaiian or Other Pacific Islander

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.

If you already have a bachelor's degree, please write a brief summary of why you are registering for course(s).

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):

Office of Summer Programs
 120 Lattimore Hall
 University of Rochester
 P.O. Box 270358
 Rochester, New York 14627-0038

**REGISTRATIONS WITHOUT FULL PAYMENT
 AND SIGNATURES WILL NOT BE PROCESSED**



Date _____

Name _____

Address _____

Student I.D. Number _____

Telephone Number _____

Please complete all sections.

Graduate	
<input type="checkbox"/> Matriculated	<input type="checkbox"/> Non-matriculated
Undergraduate	
<input type="checkbox"/> Matriculated	<input type="checkbox"/> Non-matriculated

Days (9 a.m.-5 p.m.)

Evenings

TUITION CHARGES (Credit and Noncredit Courses)

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)

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.

DECLARATION

I certify that I am financially responsible to the University of Rochester for all charges incurred during Summer _____. 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.

Parent signature _____ Date _____

Full payment MUST accompany the registration form and financial statement. Questions? Contact the Office of the Bursar at (585) 275-3931.