

Alfred University

PART-TIME OR SUMMER SCHOOL REGISTRATION

Year _____ Term (check one): Fall Spring Summer* (see Special Note, below)

Date _____ AU Student No. _____ Social Security No. _____
(if one has been assigned)

Name _____ / _____
Last First Middle Maiden/Former

Address _____
No. and Street City State Zip Phone

Have you ever attended Alfred University? Yes: Graduate Undergraduate Last Attended AU _____
 No (provide date and place of birth) Month/Year

| | |
|--|---|
| Date of Birth _____ <small>Month/Day/Year</small> | Place of Birth _____ <small>City State</small> |
|--|---|

Are you in a degree program at AU? Yes: AU College/School _____ Major/Program _____
 No – I am not a degree-seeking student at Alfred University

Do you have a bachelor's degree now? Yes, from: College/University _____ Date _____
 No

| Division Abbrev. | Course No. | Sec No. | Course Title | Credit Hours | Repeat Grade | Instructor |
|------------------|------------|---------|--------------|--------------|--------------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

 Advisor's Signature
(Required for ALL undergraduates in AU degree programs and for graduate students in the MPS, MSED and MBA programs)

 Signature of Student

Mail or bring registration and make payment to the Student Service Center, Saxon Drive, Alfred, NY 14802-1205
 Telephone: (607) 871-2123 – Fax: (607) 871-2347

***Special note about Summer School:** A \$75.00 non-refundable deposit must accompany this registration form. Make check or money order payable to **Alfred University** and mail or bring to the Student Service Center with this completed form. The University reserves the right to cancel any summer course for which fewer than five paying students register.

Important Billing Information:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Are you applying for tuition remission? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you applying for financial aid? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you entitled to employer reimbursement? If Yes, Employer _____ | <input type="checkbox"/> | <input type="checkbox"/> |

(Completion of the above is required before the first day of classes)

| | |
|-------------------------|-------|
| Office Use Only: | |
| Total Credit Hours: | _____ |
| Tuition: | _____ |
| Student Service Fee: | _____ |
| Late Fee: | _____ |
| Payment: | _____ |
| Balance: | _____ |