

REGISTRATION FORM

1. Social Security Number: + _____ Name: _____
Last First

Previous Name(s): _____

Address: _____
Street City State Zip

Phone: _____ County: _____ Date of Birth: _____

Email address: _____

Gender: Male ☐ Female ☐ Ethnicity: ☐ Hispanic ☐ Non-Resident Alien ☐ Caucasian

☐ American Indian/Native Alaskan ☐ African American ☐ Other _____

Have you ever been convicted of a felony? Yes ☐ No ☐

Have you been dismissed or suspended from OSU or any other college for disciplinary reasons? Yes ☐ No ☐

Have you been awarded an undergraduate degree? Yes ☐ If yes, please proceed to section #3.

No ☐ If no, please proceed to section #2.

2. UNDERGRADUATE STUDENTS ONLY

Are you now or have you ever been a degree undergraduate at Oswego State? Yes ☐ No ☐

Are you admitted to Oswego State for the upcoming Semester as a new freshman/transfer? Yes ☐ No ☐

Are you currently enrolled in High School? Yes ☐ No ☐

If yes, please bring/send a copy of the Oswego State Admission's Office permission form.

Proceed to Section #4

3. GRADUATE STUDENTS

Is this your first semester of graduate study at Oswego? Yes ☐ No ☐

If no, what was your last year of attendance at Oswego? _____

If you are not in a degree program, please indicate your purpose in taking graduate courses: (check one)

☐ 801 General Non Degree Study

☐ 802 Seeking provisional Teaching Certification

☐ 803 Taking courses to be applied to graduate degree study at Oswego

☐ 804 Non Degree seeking VTP Certification

Proceed to Section #4

4. Are you a veteran? Yes ☐ No ☐

Are you applying for Veteran's Benefits for this course? Yes ☐ No ☐

Veteran application should be made to: The Office of Veteran Services, 206 Culkin Hall, 315-312-2231.

Proceed to Section #5

5. MENINGITIS INFORMATION - MUST SELECT ONE ANSWER BELOW

☐ I have had the meningococcal meningitis immunization (Menomune) within the past 10 years.

Date received _____

☐ I have read the information about meningococcal meningitis and decided I will NOT obtain immunization. I may decide to receive the vaccine at a later date.

Proceed to Section #6

6. Code of Student Rights, Responsibilities, and Conduct Information - MUST BE COMPLETED.

As a student at SUNY Oswego, I HAVE READ* AND do affirm my commitment to abide by the Code of Student Rights, Responsibilities, and Conduct, specifically, Sections 43 - 45, as a member of the SUNY Oswego academic community.

Student Signature: _____ Date: _____

* The Code of Student Rights, Responsibilities, and Conduct is found at: www.oswego.edu/student/handbook/downloads/conduct.pdf

CRN	DEPT	COURSE	SECTION	HOURS	APPROVAL

The Registrar's Office will notify you at the above address of any registration problems.

FAX YOUR REGISTRATION FORM TO 315-312-3167

+ Disclosure of Social Security numbers is voluntary and is used to identify the student's educational records. Authority to solicit the Social Security number has been established under Sec. 355 of the Education Law of the State of New York.