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)
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 and Continuing Studies  
203 Lattimore Hall  
University of Rochester  
Box 270358  
Rochester, New York 14627

REGISTRATIONS WITHOUT FULL PAYMENT AND SIGNATURES WILL NOT BE PROCESSED

### COURSE INFORMATION

<table>
<thead>
<tr>
<th>Course Reference Number (CRN)</th>
<th>Subject Area</th>
<th>Course Number</th>
<th>Audit (Y or N)</th>
<th>Credit Hours</th>
<th>Course Title</th>
<th>Signature (if necessary)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>19047</td>
<td>CAS</td>
<td>075</td>
<td>N</td>
<td>0</td>
<td>Technical Writing</td>
<td></td>
</tr>
</tbody>
</table>

* 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).
**Financial Statement**

**Fall/Spring**

**Date**

**Name**

**Address**

**Student I.D. Number**

**Telephone Number**

**Days (9 a.m.–5 p.m.)**

**Evenings**

### Graduate

- [ ] Matriculated
- [ ] Non-matriculated

### Undergraduate

- [ ] Matriculated
- [ ] Non-matriculated

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**Please complete all sections.**

**Graduate**

- [ ] Matriculated
- [ ] Non-matriculated

**Undergraduate**

- [ ] Matriculated
- [ ] Non-matriculated

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**TUITION CHARGES**

<table>
<thead>
<tr>
<th>CRN</th>
<th>Credit</th>
<th>*School/College Offering Course</th>
<th>**Rate per Credit Hour or Noncredit or Audit Fee</th>
<th>Lab Fee</th>
<th>Course Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

* 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)

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**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)

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**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.

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I certify that I am financially responsible to the University of Rochester for all charges incurred during Fall/Spring ______. 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.