University of Rochester School of Nursing
NON-MATRICULATED REGISTRATION FORM

TERM: ☐ Fall ☐ Spring ☐ Summer **YEAR:** 20____

Student ID#: | | | | | | | | | **Name:** Last | First | Middle | Suffix

✶ *or* ✶ SS#: | | | | | | | | | | **Today's Date:**

PERSONAL INFORMATION

Address during term: Street Address | City | State | Zip Code | Country (if other than U.S.)

E-mail: **Birthdate:** (MM/DD/YY) **Sex:** ☐F ☐M

Daytime Phone: **Evening Phone:**

Emergency Contact: **Relationship:**

Daytime Phone: **Evening Phone:**

Do you have tuition benefits? ☐Yes ☐No **Employer Name:**

CITIZENSHIP INFORMATION (Required for government reporting)

Non-U.S. Citizens:

Citizen of what country?

Type of visa?
(If **IM**, please indicate ethnicity→→)

Are you a permanent U.S. resident?
☐Yes ☐No

U.S. Citizens ONLY:

What is your ethnic heritage?
☐ Asian
☐ American Indian or Alaskan Native
☐ Black or African American
☐ Hispanic:
☐ Native Hawaiian or Other Pacific Islander
☐ White ☐Other

What was your state of legal residence when first admitted to UR?
☐NY ☐Other

If New York, what county?

EDUCATIONAL HISTORY

Have you attended the University of Rochester before? ☐Yes ☐No **If yes, last date of attendance:**

What is the highest degree you have *completed*?
☐ Associate's Degree ☐ Master's Degree
☐ Bachelor's Degree ☐ Doctoral Degree

In what area was the degree (if applicable)?

Do you plan to matriculate at the UR SON? ☐Yes ☐No **Do you have a R.N. license?** ☐Yes ☐No

COURSE REGISTRATION(S)

CRN	Subject Area	Course Number	Audit? Yes	Audit? No	Credit Hours	Course Title	Instructor Signature (if required)

Please complete both the registration form and financial statement form, enclose payment or tuition waiver form, and return to:

School of Nursing Registrar
Box SON, 601 Elmwood Avenue
Rochester, NY 14642
(Helen Wood Hall 1-w126)
Or via fax (585) 756-8299

NON-MATRICULATED STUDENT FINANCIAL STATEMENT FOR UR SON COURSES

TERM: ❑ Fall ❑ Spring ❑ Summer **YEAR: 20____**

✶✶✶ ***PLEASE PRINT LEGIBLY*** ✶✶✶

Student ID# | | | | | | | | | **Name:** Last | First | Middle | Suffix

✶*or*✶ SS# | | | | | | | | |

PERSONAL INFORMATION

Address during term: Street Address | City | State | Zip | Country (if other than U.S.)

Daytime Phone: **Evening Phone:**

E-mail:

TUITION CHARGES

CRN	Credit Hours	Audit? Y	Audit? N	School/College Offering Course	Rate per Credit Hour	Course Total
					$	$
					$	$
					$	$
				Total Tuition Charges	**(1)**	$

CREDITS & ANTICIPATED CREDITS

University of Rochester Tuition Benefit Waiver		$
Other Credits		$
	Total Credits/Anticipated Credits (2)	$
TOTAL THAT STUDENT OWES	**Amount Due/Net Tuition & Fees (1 minus 2)**	$

PAYMENT METHOD (FULL payment must accompany SUMMER registrations; SPRING & FALL, 50% required)

Full payment for all "FastTrack" courses is required, regardless of semester.

❑ **Cash, Check/Money Order** (made payable to the University of Rochester*)

❑ **Credit Card:** ❑ Visa ❑ MasterCard ❑ Discover

} ***Current*** Payment Amount $_____.____

Account #: **Expires:**

Cardholder Name: Please Print | Signature

* Please print name of registrant and Student ID# (or Social Security #) on face of check.

PAYMENT AGREEMENT

I certify that I am financially responsible to the University of Rochester for all charges incurred during the term/year designated above. I further certify and understand that should my student account fall into arrears, the University has the right to assess collection costs, late payment fees, and to place a hold on my account, preventing further registration and printing transcript(s).

Student Signature: **X** **Date:**

7/09