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 | County (if in New York State)

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? _____

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

U.S. Citizens ONLY:

Race/Ethnicity

Are you Hispanic or Latino? ☐ Yes ☐ No

Please select one or more races that you identify with from the following:

☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific
☐Asian ☐ Black or African American ☐ White

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)

Complete registration form and financial statement form, enclose payment/tuition waiver form, and return to:
University of Rochester 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# 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:** _____