

A

University College Noncredit Course Registration Form

Mall your completed registration form to:

University College Bursar/Registration Operations, 700 University Ave., Room 103,
Syracuse, NY 13244-2530 or fax it to 315-443-3255.

The registration deadline is:

August 17, 2017

Allow 5-7 business days for processing mail or fax registrations.

Last Name <input type="checkbox"/> Check if name change		First Name	Initial	SU ID Number	Social Security Number (optional)	Date of Birth MO. DAY YR.	M-Male F-Female
Student Level UCNC	Program/Plan: VPANC/VPANC		Status Registration <input type="checkbox"/>	Enter Number 2-Returning Syracuse University student 1-New student to Syracuse University -OR-			
What is your current United States Armed Forces status? <input type="checkbox"/> Currently serving <input type="checkbox"/> Current dependent <input type="checkbox"/> Previously served <input type="checkbox"/> Not a veteran							
Permanent Address <input type="checkbox"/> Check if this is a new address			City	State	Zip Code		
Permanent Phone <input type="checkbox"/> Check if new		Cell Phone <input type="checkbox"/> Check if new		Business Telephone <input type="checkbox"/> Check if new			
Personal E-mail (required for online course):				Business E-mail			
Dept. Prefix & Course No.	Class Dates	Term	Title	Class No.	Fees		
VNC 101 U001	August 24- October 12, 2017	Fall 2017	Etching Revival Art and Artists	21367	\$125.00		

B Payment Information — if fee is required

PARTICIPANT ACKNOWLEDGEMENT

(must be signed for registration to take place):

I understand that non-credit classes do not count toward any degree requirements at SU and that no academic credit will be earned in this program. I also understand that SU is only responsible to retain non-credit records for 7 years, and it is the participant's responsibility to retain this information for future reference. I understand that the University fees and charges are due before confirmation of registration in this program, and I agree to pay to the University, all fees and charges during my entire attendance at the University.

Signature of person financially responsible if minor (parent /guardian) Date _____

Signature of Participant Date _____

Print name and address of signature immediately above

For SU/UC Office Use Only:

Total Amount Due _____ Total Amount Paid _____ Date Paid _____

Registration Method: In Person Faxed Mailed Delivered

Indicate payment type and date here _____

Your initials _____ Date _____

For questions regarding completing the registration form contact:
University College at 315-443-4135 or bursareg@uc.syr.edu.

Self-pay Participant — Payment-in-full enclosed

CHECK or MONEY ORDER (Payable to Syracuse University)

CHECK or MONEY ORDER AMOUNT _____

VISA MasterCard Discover American Express AMOUNT: _____

Card number _____ Exp. Date _____

House # of cardholder (REQUIRED) _____ Zipcode of cardholder (REQUIRED) _____

Cardholder's signature _____ Cardholder's name _____