Office of Registration & Records
The College at Brockport
State University of New York
350 New Campus Drive
Brockport, NY 14420-2966

Phone: (585) 395-2531
Fax: (585) 395-5392

New & Returning Graduate (Matric. & Non-Matric.) & Undergraduate (Non-Matric.) Mail/Fax in Registration Form

(Matriculated undergraduate students may not use Mail/Fax in procedures)

Semester: ☐ FALL 20___ ☐ SPRING 20___

Name: _____ Banner ID# or Soc. Sec. #:_____
Last First M.I.

Address:
_____
Street City State Zip Code

☐ **Check if change of address** Telephone: _____ _____
Home Work

Complete this section only if your last course taken at Brockport was taken more than 3 years ago.

Sex: ____ (M or F) Birthdate: ___/___/___ (Month/Day/Year) Are you a veteran? ___ (Y or N)

Are you a New York state resident? ___ (Y or N) If you are not a U.S. citizen, enter visa type _____.

Ethnic background (check one):

___ Black Non-Hispanic (1) ___ Hispanic (2) ___American Indian/Alaskan Native (4)

___ Asian or Pacific Islander (5) ___ White Non-Hispanic (7) ___ Foreign Student (9)

Previous Colleges/Universities attended:
_____

Highest degree held (circle one): No degree Associate BA BS MA MS PhD

Date of Degree: _____ Signature: _____

NOTE:
New undergraduate students must apply in the Undergraduate Admissions Office and new graduate students must apply in the Graduate Admissions Office <u>before</u> they are eligible to register.

COURSES REQUESTED:

CRN	DISCIPLINE	COURSE NUMBER	SECTION	CREDITS	COURSE TITLE

ALTERNATE CHOICES:

CRN	DISCIPLINE	COURSE NUMBER	SECTION	CREDITS	COURSE TITLE

Courses numbered 500 and above are for graduate credit; 100-499 are for undergraduate credit.