



ELMIRA COLLEGE

This for student

Continuing Education and Graduate Studies

Registration Form

2022 2022

be made within seven (7) days of course registration.

Return this form to: Office of Continuing Education & Graduate Studies
Elmira College
One Park Place
Elmira, NY 14901
Phone: (607) 735-1825 Email: continuinged@elmira.edu

TERM: FALL WINTER SPRING SUMMER
YEAR _____

STUDENT INFORMATION NON-DEGREE AUDIT

Name _____
Last First Middle

Previous Name(s) _____ Social Security Number: _____ - _____ - _____

Phone(s) _____ Email _____
Cell Home

Address _____
Street/PO Box

_____ City State Zip Code County

Date of Birth: ____/____/____ Gender: M/F (circle)

Demographic Information: How would you describe yourself? (check all that apply)
 Non-resident Alien (International Student) Asian Native Hawaiian or other Pacific Islander
 Hispanic White Black or African American
 American Indian or Alaskan Native

FIELD	COURSE #	SECT. #	COURSE TITLE	AUDIT	CR	U/G	TUITION	FEES

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____