

College in High School Program
 Center for Business & Community Services
 121 Bush Hall
 2 Main Street - Delhi, NY 13753
 Phone: 607-746-4548 Fax: 607-832-7548

www.delhi.edu



Spring 2012 Credit Registration for High School Students (please print clearly)

Last Name: _____ **First:** _____ **Middle Initial:** _____

Address: _____ **City, State:** _____ **ZIP:** _____

Phone: (____) _____ **E-Mail (Required)** _____

1. **Social Security Number** (for registration purposes): _____ - _____ - _____ **Are you a US Citizen?** Y N

2. **Birth Date:** month ____ day ____ year _____

3. **Gender:** male female

4. **Ethnicity** (optional): White/Non-Hispanic Asian/Pacific Islander
 Native American/Native Alaskan African American/Black/Non-Hispanic
 Hispanic

5. **Have you ever been convicted of a felony?** Yes No

6. **Have you ever taken a college level course through SUNY Delhi?** Yes No

7. **High School Name** _____ **Year Graduating** _____

8. **High School Cumulative GPA:** (required) _____ **Counselor Signature:** _____

Example:	<i>ENGL 100</i>	<i>Freshman English</i>	<i>3</i>	<i>CRN – office use</i>
1. Course No:	_____	Title: _____	Credit Hours: _____	CRN _____
2. Course No:	_____	Title: _____	Credit Hours: _____	CRN _____
3. Course No:	_____	Title: _____	Credit Hours: _____	CRN _____
				<i>Total Credits:</i> _____

Cost: \$50 per/credit; SUNY Fee \$.85 per/credit, \$5.00 transcript fee per/semester – 3 credit course \$157.55
Payment: Credit Card Check Enclosed (payable to SUNY Delhi)

Authorization for Use of Credit Card	
I authorize SUNY Delhi to charge my:	
<input type="checkbox"/> Visa	Print Name: _____
<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Expiration Date: ____/____/____	
Card Number: _____	Amount: _____ Signature: _____ Date: _____

By completing and signing this registration form, I am authorizing SUNY Delhi to register me in the college-level course(s) indicated above, and that full payment is due with this form. I understand that should I decide to withdraw from the course (no longer wish to seek college credit) I must inform my guidance counselor or Glenda Roberts immediately in writing. I also understand SUNY Delhi's refund policy indicated in the attached letter.

 Student Signature Date

 Parent (if student is under 18) Date