

REGISTRATION FORM FOR JANUARY TERM CLASSES 2013-2014 Full payment is required at the time of registration.

Have you ev	No		Yes If yes, the last year									
Social Secui [¦ÁÙWÞŸÁÖ⁄	rity.N ^ @aĤ	lumber .€€À							, please us		student e-mail,	
Business Phone					_ Home Phone ₋							
Name												
Last		First			Middle Initial		Former Last Name					
Address												
Box/Apt.No./RD/Street		City		/		State		Zip	Zip Code			
Birth Date _									Male		Female	
Are you a U.S	S. Cit	izen? □ Yes	□ No									
Ethnic Code (check one) (Optional) 1 White, Non-Hispanic 2 Black, Non-Hispanic 3 Hispanic					□ 4 Asian/Pacific □ 5 American Indi			-				
County of Res	siden	ce Delaware 012 Chenango 008					go 047 r (specify))				
PleaseÁ¦ á c	belo	w the Course #	, Course Title,	CRN	and (Credit	Hours.					
Course #			Course Title					CR	RN_	Cre	edit Hours	
										-		
							Total Hours					
Student Sigr	natui	e							Date			
Return this R	Regis	tration Form to:				Metho	d of Payr	ment	:			
January Term 2013-2014						□ Check (payable to SUNY Delhi)						
Student Financial Services						☐ Money Order (payable to SUNY Delhi)						
Bush Hall, SUNY Delhi						□ VISA □ Discover □ MasterCard						
Delhi, NY 13753						Amount Authorized						
607-746-4625						Expiration Date						
607-746-4208						Card #						
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