College in High School Program

Career and Business Development 454 Delhi Drive,

Bush Hall 226 - Delhi, NY 13753 Phone: 607-746-4545 Fax: 607-746-4547 or 607-832-7548 www.delhi.edu



Credit Registration for High School Students (please print clearly)

Last Name:	First:	N	liddle Initial:
Address:	City, State:		ZIP:
Phone: ()	E-Mail (Required)		
1. Social Security Number (for registra	ition purposes):	Are you a US Citize	n? □Y □N
2. Birth Date: monthdayyear	r		
3. Gender: male female			
3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Non-Hispanic American/Native Alaskan ic	☐ Asian/Pacific Islander ☐ African American/Black/No	on-Hispanic
5. Have you ever been convicted of a	felony? Yes□ No□		
6. Have you ever taken a college leve	I 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>	Freshman English	3	CRN – office use
1. Course No: Title:_		_ Credit Hours:	CRN
2. Course No: Title:_		_ Credit Hours:	CRN
3. Course No: Title:_		_ Credit Hours:	CRN
		Total Credits:	
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 Ca I authorize SUNY Delhi to charge m Visa American Expre Mastercard Discover	y:	Print Name:	
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. I understand 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 complete a College in High School Drop Form. Failure to do so will result in a grade of "F" on my transcript. I also understand SUNY Delhi's refund policy indicated on the College in High School Information Sheet.			
Student Signature Date	-	Parent (if student is under	18) Date