College in High School Program

Career & Business Development 226 Bush Hall

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www.delhi.edu

Summer 2015 Credit Registration for High School Students (please print clearly) First:______ Middle Initial:_____ Last Name: ___ Address: _____ City, State: _____ ZIP:____ E-Mail (Required) _____ Phone: (___ _) _____ 1. Social Security Number (for registration purposes): _____ - ____ - ____ Are you a US Citizen? \square Y \square 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_____ 8. High School Cumulative GPA: (required) _____ Counselor Signature: ___ Example: ENGL 100 Freshman English 3 CRN-12345 1. Course No: _____ Title: _____ Credit Hours: ____ CRN 2. Course No: _____ Title: _____ Credit Hours: ____ 3. Course No: _____ Title: _____ Credit Hours: ____ CRN Total Credits: ____

Authorization for Use of Credit Card

I authorize SUNY Delhi to charge my:

Visa American Express

MasterCard Discover Print Name:

Expiration Date:

Amount: Signature: Date:

Cost: \$50 per credit; SUNY Fee \$.85 per credit, \$5.00 transcript fee per semester (ex. 3 credits \$157.55)

Payment: ☐ Credit Card ☐ Check Enclosed (payable to SUNY Delhi)

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