

REGISTRATION FORM

Note to new non-degree and visiting students: Please note that you must first apply for non-matriculated status to be permitted to register for any courses at SUNY Oneonta. If you have not yet submitted your non-degree application, please see this website: <http://continuinged.oneonta.edu>

TERM:

FALL 20____ SPRING 20____
 SUMMER 20____ WINTER 20____

STATUS:

UNDERGRADUATE
 GRADUATE

Name: _____ ID/SS# _____
Last First MI

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

ADD/CHANGE:

FACULTY USE ONLY

CRN#	SUBJECT	COURSE#	GRADE MODE	S.H.	INSTRUCTOR SIGNATURE/DATE
			<input type="checkbox"/> Letter <input type="checkbox"/> P/F		<input type="checkbox"/> ADD (only if seats available) <input type="checkbox"/> ADD (overriding all restrictions)

CRN#	SUBJECT	COURSE#	GRADE MODE	S.H.	INSTRUCTOR SIGNATURE/DATE
			<input type="checkbox"/> Letter <input type="checkbox"/> P/F		<input type="checkbox"/> ADD (only if seats available) <input type="checkbox"/> ADD (overriding all restrictions)

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Please be advised that you are financially and academically liable for classes that appear on your course schedule. Once you have been registered for a course, you will be charged tuition and receive a grade unless you drop or withdraw before the deadline. You will **NOT** be automatically withdrawn from a course in which you are registered if you do not attend it. You must submit **WRITTEN** notification to the Office of Continuing Education to be withdrawn from a course.

Signature: _____

Date: _____

Note: Any unauthorized changes, altered dates or forged signatures will result in serious disciplinary action.

**Return form to Continuing Education, 135 Netzer
Administration Building**

*******This form only needs to be filled out if you are taking more than 6 s.h. per session in the summer.*******

Student Name: _____
Last name First name MI

Student ID# _____

OFFICE USE ONLY
Term: _____

SUMMER OVERLOAD PERMISSION (over 6 s.h. per session) UNDERGRADUATES ONLY

Student's Current GPA: _____ Number of credits approved for overload: _____

ADVISOR'S SIGNATURE

DATE

APPROPRIATE DEAN'S SIGNATURE (NEEDED IF CUMULATIVE GPA IS BELOW 3.0)

DATE

Student Signature: _____ Date: _____