



3690 East Avenue, Rochester, NY 14618

IN-PERSON REGISTRATION FORM

Name _____
(please print)

Home Address _____

Phone: (H) _____ (W) _____

Level: Graduate _____ Undergraduate _____

Status: Matriculated _____ Non-Matriculated _____

Have you ever attended Fisher? Yes ___ No ___

SSN / ID: _____ Semester _____ Year _____

Date of Birth _____ E-mail Address _____

US Citizen: Yes ___ No ___ If no, country of citizenship _____

High School Graduate: Yes ___ No ___ If no, provide recommendation from H.S. counselor.

For Statistical Purposes Only

ETHNICITY: White ___ Black ___ Hispanic ___ American Indian/Alaskan Native ___
Asian/Pacific Islander ___ International ___ Other (specify) _____

GENDER: M ___ F ___

CRN	SUBJECT	NUMBER	SECTION	TITLE & MEETING TIMES	CREDITS*
Advisor's Name _____					Total:

If current student: Alternate PIN _____ OR Advisor's Signature _____

* To audit a course you must obtain the instructor's permission and write "AU" clearly in the credits box.

I understand that I am responsible for the tuition and fees associated with the courses listed above. Furthermore, I acknowledge my responsibility to meet the appropriate deadline dates for dropping, adding and withdrawing from courses.

Student's Signature _____ Date _____

Processed by _____ Date _____

Distribution: WHITE - REGISTRAR YELLOW - BURSAR PINK - STUDENT

TO BE COMPLETED BY THE BUSINESS OFFICE

Full Time Tuition (12 or more credits) \$ _____
Credits _____ X Tuition _____ \$ _____
Fees \$ _____
Total \$ _____

Charges will be paid by: ___ Employer Reimbursement
 ___ Personal Check ___ Credit Card
 ___ Financial Aid ___ Payment Plan

Approved for: ___ Credits (UG ___ GR ___ GR Premium ___)
Bursar's Approval _____
Date _____